

Inspector Name: LEONARD, MIKE

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

05/24/2012

Document Number:

664000596

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|----------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>276457</u> | <u>333766</u> | | <u>LEONARD, MIKE</u> |

Operator Information:

OGCC Operator Number: 10084 Name of Operator: PIONEER NATURAL RESOURCES USA INC

Address: 1401 17TH ST STE 1200

City: DENVER State: CO Zip: 80202

Contact Information:

| Contact Name | Phone | Email | Comment |
|--------------|-----------------------------------|--------------------|-------------------------------|
| Hiss, Duane | (719) 846-7898/ (719) 340-0329 | duane.hiss@pxd.com | Production Foreman (Trinidad) |

Compliance Summary:

| | | | | | | | |
|---------------------|-----------|----------------|-------------|------------------------------|----------|-------------------|-----------------|
| QtrQtr: <u>SWNW</u> | | Sec: <u>36</u> | | Twp: <u>32S</u> | | Range: <u>67W</u> | |
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 03/26/2009 | 200207286 | PR | PR | S | | | N |
| 01/26/2007 | 200103702 | PR | PR | S | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------------------------------|
| 276457 | WELL | PR | 05/20/2005 | GW | 071-08339 | FOOTHILLS 12-36 | <input checked="" type="checkbox"/> |
| 300681 | WELL | AL | 01/25/2012 | LO | 071-09734 | Foothills 12-36 Tr | <input type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|-----------------------------|---------------------------|----------------------|---------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>2</u> | Production Pits: <u>2</u> |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: <u>1</u> | Electric Motors: _____ |
| Gas or Diesel Motors: _____ | Cavity Pumps: <u>2</u> | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: <u>2</u> | Oil Pipeline: _____ | Water Pipeline: <u>2</u> |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: <u>2</u> | Flare: _____ | Fuel Tanks: _____ |

Location**Signs/Marker:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

| | | | | |
|--|------|--------|-------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | | |
|--------------------|---|-----------------------------|--------------------|-------------------|
| Equipment: | | | | |
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action |
| Progressive Cavity | 1 | Satisfactory | | |
| Deadman # & Marked | 3 | Satisfactory | | |
| Prime Mover | 1 | Satisfactory | NATURAL GAS ENGINE | |
| Gas Meter Run | | Satisfactory | VGS/GMR UNIT | |
| Vertical Separator | 1 | Satisfactory | VGS/GMR UNIT | |

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| | | |

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 333766

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|--------|-----------|--|------------|
| Agency | kubeczkod | Location is in a sensitive area because of soil type (Gulnare) and potential impacts to GW; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. | 12/19/2009 |
| Agency | kubeczkod | Location is in a sensitive area because of soil type (Gulnare) and potential impacts to GW; therefore, operator must line all pits. | 12/19/2009 |
| Agency | kubeczkod | Operator must implement best management practices to contain any unintentional release of fluids. | 12/19/2009 |

Comment: _____**CA:** _____ **Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____ **Date:** _____**Stormwater:**

| | | | |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
|--------------|---------|------------|---------|

Inspector Name: LEONARD, MIKE

| | | | |
|--|--|--------------------------------------|--|
| | | | |
| Corrective Action: _____ | | Date: _____ | |
| Comments: Erosion BMPs: _____ | | | |
| Other BMPs: _____ | | | |
| Comment: _____ | | | |
| Staking: _____ | | | |
| On Site Inspection (305): | | | |
| <u>Surface Owner Contact Information:</u> | | | |
| Name: _____ | | Address: _____ | |
| Phone Number: _____ | | Cell Phone: _____ | |
| <u>Operator Rep. Contact Information:</u> | | | |
| Landman Name: _____ | | Phone Number: _____ | |
| Date Onsite Request Received: _____ | | Date of Rule 306 Consultation: _____ | |
| Request LGD Attendance: _____ | | | |
| <u>LGD Contact Information:</u> | | | |
| Name: _____ | | Phone Number: _____ | |
| | | Agreed to Attend: _____ | |
| <u>Summary of Landowner Issues:</u> | | | |
| | | | |
| <u>Summary of Operator Response to Landowner Issues:</u> | | | |
| | | | |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> | | | |
| | | | |

Facility

Facility ID: 276457 API Number: 071-08339 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Inspector Name: LEONARD, MIKE

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: TIMBER

Comment: _____

1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In
Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: TIMBER

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Inspector Name: LEONARD, MIKE

Debris removed _____ No disturbance /Location never built _____
Access Roads _____ Regraded _____ Contoured _____ Culverts removed _____
Gravel removed _____
Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____
Compaction alleviation _____ Dust and erosion control _____
Non cropland: Revegetated 80% _____ Cropland: perennial forage _____
Weeds present _____ Subsidence _____
Comment: _____
Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |
| Sediment Traps | Pass | | | | | |
| Compaction | Pass | Compaction | Pass | | | |
| Ditches | Pass | | | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits:

Pit Type: Produced Water Lined: NO Pit ID: 279709 Lat: 37.215410 Long: -104.847030

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory Comment: _____

Corrective Action: _____ Date: _____

| Monitoring: | Monitoring Type | Comment |
|-------------|-----------------|---------|
| | Chain | |