

FORM INSP Rev 05/11	State of Colorado				DE	ET	OE	ES
	Oil and Gas Conservation Commission				Inspection Date: <u>04/15/2013</u>			
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109								

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>260717</u>	<u>333943</u>	<u>DURAN, JOHN</u>	2A Doc Num:	

Document Number:
668001150

Overall Inspection:
Satisfactory

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	719-845-4394/719-680-0024	duane.hiss@ pxd.com	
GLINISTY, JUDY	303-675-2658	Judy.Glinisty @pxd.com	

Compliance Summary:

QtrQtr: SENE Sec: 26 Twp: 33S Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/21/2009	200202912	PR	PR	S			N
01/11/2007	200102975	PR	PR	S		P	N
02/05/2004	200050067	PR	PR	U		F	Y

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
260717	WELL	PR	09/10/2002	GW	071-07470	STAGE COACH 42-26	<input checked="" type="checkbox"/>
300617	WELL	AL	04/18/2012	LO	071-09730	Stage Coach 42-26 TR	<input checked="" 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>2</u>	Electric Motors: _____
Gas or Diesel Mortors: <u>2</u>	Cavity Pumps: <u>2</u>	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</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			

Inspector Name: DURAN, JOHN

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____
Comment: _____
Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Fencing:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	PCPump.		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			
Gas Meter Run	1	Satisfactory			
Vertical Separator	1	Satisfactory			
Progressive Cavity	1	Satisfactory			

Venting:

Yes/No	Comment
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Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
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Large empty rectangular area for additional notes or observations.

Predrill

Location ID: 333943

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 close proximity to surface water, 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	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

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____
 Other BMPs: _____

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____
 Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____
 Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 260717 Type: WELL API Number: 071-07470 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 300617 Type: WELL API Number: 071-09730 Status: AL Insp. Status: AL

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:

Lat _____ Long _____

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

Field Parameters:

Sample Location:

Emission Control Burner (ECB): _____

Comment: _____

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

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: RANGELAND, TIMBER

Comment:

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

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

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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? _____
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 _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

Final Land Use: RANGELAND, TIMBER

Reminder:

Comment: The Stage Coach 42-26 TR (071-09730) was never built on the existing well pad for Stage Coach 42-26(071-07470).

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

Debris removed _____ No disturbance /Location never built Pass

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: Well pad exist for Stage Coach 42-26. S.C. 42-26 TR never built.

Corrective Action: _____ Date _____

Overall Final Reclamation In Process Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits:

Inspector Name: DURAN, JOHN

Pit Type: Produced Water Lined: NO Pit ID: _____ Lat: _____ Long: _____

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: 30' X 60'

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
Stage Coach 42-26 TR (071-09730) was never built on existing well pad for Stage Coach 42-26 (071-07470).	duranj	06/21/2013