

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



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

Inspection Date:
06/15/2015

Document Number:
668403143

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>274345</u> | <u>335712</u> | <u>BROWNING, CHUCK</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|---|
| OGCC Operator Number: | <u>100264</u> |
| Name of Operator: | <u>XTO ENERGY INC</u> |
| Address: | <u>382 CR 3100</u> |
| City: | <u>AZTEC</u> State: <u>NM</u> Zip: <u>87410</u> |

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|----------------|-------------------------------|----------------------|
| Dooling, Jessica | (970) 878-6800 | Jessica_Dooling@xtoenergy.com | Piceance Basin Field |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Compliance Summary:

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/21/2014 | 668402452 | IJ | AC | SATISFACTORY | I | | No |
| 07/16/2013 | 669300703 | IJ | AC | SATISFACTORY | | | No |
| 10/24/2012 | 669300216 | IJ | AC | SATISFACTORY | I | | No |
| 06/16/2011 | 200312832 | RT | AC | SATISFACTORY | | | No |
| 03/28/2011 | 200305321 | MI | SI | ACTION REQUIRED | | | Yes |
| 03/07/2011 | 200299874 | MI | SI | SATISFACTORY | | | No |
| 08/17/2010 | 200267219 | RT | SI | SATISFACTORY | | | No |
| 07/02/2009 | 200215757 | RT | AC | SATISFACTORY | | | No |
| 12/10/2008 | 200200483 | PR | AC | SATISFACTORY | | | No |
| 07/23/2007 | 200115966 | RT | AC | SATISFACTORY | I | Pass | No |
| 07/12/2006 | 200093089 | MI | SI | SATISFACTORY | | Pass | No |

Inspector Comment:

Routine UIC Inspection.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|--------------|--------|-------------|------------|-----------|-------------------------------|--|
| 159160 | UIC DISPOSAL | AC | 07/17/2006 | | - | PICEANCE CREEK UNIT T35X-11G1 | AC <input checked="" type="checkbox"/> |
| 259652 | WELL | PR | 09/26/2014 | GW | 103-10112 | PICEANCE CREEK UNIT T35X-11G | PR <input type="checkbox"/> |
| 274342 | WELL | PR | 06/08/2012 | GW | 103-10528 | PICEANCE CREEK UNIT T35X-11G4 | PR <input type="checkbox"/> |

| | | | | | | | | |
|--------|------------------|----|------------|------|-----------|-------------------------------|----|-------------------------------------|
| 274343 | WELL | PR | 04/15/2012 | GW | 103-10527 | PICEANCE CREEK UNIT T35X-11G3 | PR | <input type="checkbox"/> |
| 274344 | WELL | PR | 09/15/2014 | GW | 103-10526 | PICEANCE CREEK UNIT T35X-11G2 | PR | <input type="checkbox"/> |
| 274345 | WELL | SI | 10/30/2014 | DSPW | 103-10525 | PICEANCE CREEK UNIT T35X-11G1 | SI | <input checked="" type="checkbox"/> |
| 274346 | WELL | PR | 06/06/2012 | GW | 103-10524 | PICEANCE CREEK UNIT T35X-11GS | PR | <input type="checkbox"/> |
| 279500 | WELL | PR | 06/15/2012 | GW | 103-10627 | PICEANCE CREEK UNIT T35X-11G5 | PR | <input type="checkbox"/> |
| 279501 | WELL | PR | 10/01/2013 | GW | 103-10626 | PICEANCE CREEK UNIT T35X-11G6 | PR | <input type="checkbox"/> |
| 279502 | WELL | PR | 06/08/2012 | GW | 103-10625 | PICEANCE CREEK UNIT T35X-11G7 | PR | <input type="checkbox"/> |
| 436967 | SPILL OR RELEASE | AC | 05/14/2014 | | - | SPILL/RELEASE POINT | AC | <input type="checkbox"/> |
| 441434 | PIT | CL | 04/03/2015 | | - | Northwst Cuttings Pit 441434 | CL | <input type="checkbox"/> |

Equipment: Location Inventory

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

Location

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|---------|-------------------|------|
| Access | SATISFACTORY | | | |
| Main | SATISFACTORY | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

Venting:

| Yes/No | Comment |
|--------|---------|
| NO | |

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

Predrill

Location ID: 274345

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

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: 159160 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 980

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: **Routine UIC Inspection.**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 274345 Type: WELL API Number: 103-10525 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: WSTCG

TC: Pressure or inches of Hg 15 _____ Previous Test Pressure _____ Last MIT: 03/28/2011

Brhd: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: **Routine UIC Inspection. Well shut in. No active injection at time of inspection.**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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): _____

Comment: _____

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

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

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 ? _____

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 _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

Reminder: _____

Comment: _____

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

Debris removed _____ No disturbance /Location never built _____

Inspector Name: BROWNING, CHUCK

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 _____ Well Release on Active Location Multi-Well Location

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | Pass | Gravel | Pass | SI | Pass | |

S/A/V: SATISFACTOR Corrective Date: _____
Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT