

**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
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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:
	274345	335712	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: 382 CR 3100City: AZTEC State: NM Zip: 87410

- ☐ 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:QtrQtr: NESW Sec: 11 Twp: 2S Range: 97W

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"/>

Inspector Name: BROWNING, CHUCK

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
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☐ 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 RoutineInj./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 _____ AnnMTReq: _____

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 RoutineInj./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 _____ AnnMTReq: _____

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 REVEGETATIONCropland

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
Y

Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT