

**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

Inspection Date:

07/19/2016

Document Number:

668004623

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	217330	333521	DURAN, JOHN	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10084Name of Operator: PIONEER NATURAL RESOURCES USA INCAddress: 5205 N O'CONNOR BLVD STE 200City: IRVING State: TX Zip: 75039

- ☐ 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
Distribution, Pioneer	972-444-9001	COGCC.Inspections@pxd.com	All Inspections
Koehler, Bob		bob.koehler@state.co.us	

Compliance Summary:QtrQtr: SWNE Sec: 33 Twp: 32S Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/25/2015	668003793	IJ	AC	SATISFACTORY			No
06/19/2014	668002255	IJ	AC	SATISFACTORY	P		No
06/05/2013	668001306	IJ	AC	SATISFACTORY	P		No
08/01/2012	668000490	IJ	IJ	SATISFACTORY			No
06/27/2011	200314152	RT	AC	SATISFACTORY			No
08/25/2010	200268275	RT	AC	SATISFACTORY			No
06/22/2009	200213458	MI	AC	SATISFACTORY			No
07/09/2008	200192242	RT	AC	SATISFACTORY			No
08/20/2007	200117545	RT	AC	SATISFACTORY			No
07/11/2006	200094301	RT	AC	SATISFACTORY		Pass	No
08/08/2005	200074957	RT	AC	SATISFACTORY		Pass	No
07/09/2004	200058223	MI	AC	SATISFACTORY		Pass	No
08/04/2003	200042398	RT	AC	SATISFACTORY		Pass	No
09/03/2002	200030148	RT	AC	SATISFACTORY		Pass	No
08/07/2001	200018867	RT	AC	SATISFACTORY	I	Pass	No
08/31/2000	200009321	RT	AC	SATISFACTORY	I	Pass	No
02/21/1995	500151570	MI	AC				

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
105180	PIT	AC	09/23/1999		-	HORN SPRINGS CANYON FACILITY	AC	<input type="checkbox"/>
119345	PIT	AC	09/23/1999		-	DISPOSAL FACILITY	AC	<input type="checkbox"/>
217326	WELL	DA	08/18/1987	DA	071-06102	HOMER SMITH 2	DA	<input type="checkbox"/>
217328	WELL	PR	07/13/1998	GW	071-06104	HORN SPRING GAS COM 2-32-33	PR	<input type="checkbox"/>
217330	WELL	IJ	09/09/2010	DSPW	071-06106	COTTONTAIL PASS DISPOSAL WELL 32-33	AC	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____ Drilling Pits: _____ Wells: _____ Production Pits: _____
 Condensate Tanks: _____ Water Tanks: _____ Separators: _____ Electric Motors: _____
 Gas or Diesel Motors: _____ 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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PIT	SATISFACTORY			
WELLHEAD	SATISFACTORY	BLDG		

Inspector Name: DURAN, JOHN

Equipment:			
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Wellhead and pipeline. Compressor station and Equipment storage yard.		
Corrective Action		Date:	

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity
PRODUCED WATER	4	400 BBLS
Type	STEEL AST	
SE GPS		
S/AR	SATISFACTORY	Comment:
Corrective Action:		Corrective Date:

Paint
Condition
Adequate
Other (Content)
Other (Capacity)
Other (Type)

Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action		Corrective Date		
Comment				

Venting:
Yes/No
Comment

Flaring:	
Type	Satisfactory/Action Required
Comment:	
Corrective Action:	Correct Action Date:

Predrill

Location ID: 217330

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

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

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**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: 217330 Type: WELL API Number: 071-06106 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -2" Hg
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____

MPP _____

Inj Zone: DK-PR

TC: Pressure or inches of Hg 0

Previous Test Pressure _____

Last MIT: 06/19/2014

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____

AnnMTReq: NO

Comment: Brhd : Not possible. Next Mit on (06/19/19).

Method of Injection: GRAVITY FEED

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. Waste and Debris removed? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____ CA Date _____

Inspector Name: DURAN, JOHN

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

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? _____

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 _____

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
Gravel	Pass	Gravel	Pass			

Inspector Name: DURAN, JOHN

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Pit Type: Produced Water Lined: YES Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: Plastic Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Livestock Fencing Condition: Adequate

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

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

Pit (S/A/V): SATISFACTOR Comment: 150' x 150'

Corrective Action: _____

Date: _____

Monitoring:

Monitoring Type	Comment
Chain	

COGCC Comments

Comment

User

Date

Next MiT on (06/19/19).

duranj

07/20/2016