

**FORM
INSP**Rev
X/15

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:

09/07/2016

Submitted Date:

09/29/2016

Document Number:

668004768**FIELD INSPECTION FORM**

Loc ID 308294 Inspector Name: DURAN, JOHN On-Site Inspection ☐ 2A Doc Num: _____

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**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Leonard, Mike		mike.leonard@state.co.us	
Distribution, Pioneer	972-444-9001	COGCC.Inspections@pxd.co m	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
265603	WELL	PR	02/27/2005	GW	071-07780	SHINARUMP 11-11 TR	PR

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 5		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Progressive Cavity	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Location Construction

Location ID: 265603

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

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: _____

Corrective Action: _____ **Date:** _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____ **Date:** _____

Comment: _____

Corrective Action: _____ **Date:** _____

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:

Inspected Facilities									
Facility ID:	265603	Type:	WELL	API Number:	071-07780	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:		PR							
Corrective Action:								Date:	

Environmental**Spills/Releases:**

Type of Spill:	_____	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:	_____	Comment:	_____
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Spill/Remediation:

Comment:	_____		
Corrective Action:	_____	Date:	_____

Emission Control Burner (ECB):	_____
Comment:	_____
Pilot:	_____
Wildlife Protection Devices (fired vessels):	_____

Reclamation - Storm Water - Pit

Storm Water:

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

Comment:

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PITType: Produced WaterLined: NO

Pit ID:

Lat:

Long:

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type:

Liner Condition:

Comment:

Corrective Action

Date: c**Fencing:**

Fencing Type:

Fencing Condition:

Comment:

Corrective Action

Date:

Netting:

Netting Type:

Netting Condition:

Comment:

Corrective Action

Date:

Anchor Trench Present:

Oil Accumulation: NO

2+ feet Freeboard:

Comment: 30' x 60'

Corrective Action

Date:

Optical Gas Imaging Survey

Survey Type: _____

Current Operations: ☐ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: _____ Long: _____

Wind: _____ Speed: _____ (mph) Direction From: _____ Weather: _____ Temperature: (F) _____

Assisting Staff: _____ Camera #: _____

☐ Visible Smoke ☐ Referred to CDPHE

Comment:

Corrective Date:
Action: