

FORM
INSPRev
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:
11/07/2016
Submitted Date:
11/15/2016
Document Number:
668004929

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
308581 _____ DURAN, JOHN _____ 2A Doc Num: _____

Status Summary:

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

Operator Information:

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

Findings:

- 5 Number of Comments
1 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Distribution, Pioneer	972-444-9001	COGCC.Inspections@pxd.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
275008	WELL	PR	03/24/2005	GW	071-08267	FLAT ROCK 11-19	PR

General Comment:

Location

Overall Good:

Signs/Marker:

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date:	
Corrective Action:			

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Noise baffling shed not in use.		
Corrective Action:	Equipment not in use needs to be taken off site.	Date:	12/15/2016

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type			corrective date
Progressive Cavity	# 1		
Comment:			
Corrective Action:		Date:	
Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		

Corrective Action:

Date:

Inspected Facilities

Facility ID: 275008 Type: WELL API Number: 071-08267 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

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 PIT

Type: Produced Water Lined: 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 70'

Corrective Action

Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	281359	1393623	
	278735	1175486	

COGCC Comments

Comment	User	Date
<u>SEE : Good Housekeeping : Unused equipment.</u>	duranj	11/15/2016