

FORM
INSPRev
X/15

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

12/01/2016

Submitted Date:

12/08/2016

Document Number:

668005005

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
308570 _____ DURAN, JOHN _____ 2A Doc Num: _____

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

Status Summary:

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

Findings:

- 5 Number of Comments
0 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
274567	WELL	TA	10/22/2015	GW	071-08243	POWDER 31-14	TA

General Comment:

Location

Overall 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?

Fencing/:

	Type PIT		
Comment:			
Corrective Action:			Date:

Equipment:

	Type	#			corrective date
	Ancillary equipment	# 1			
Comment:	Wellhead and plumbing.				
Corrective Action:					Date:
	Vertical Separator	# 1			
Comment:					
Corrective Action:					Date:
	Deadman # & Marked	# 4			
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: 274567 Type: WELL API Number: 071-08243 Status: TA Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

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: Livestock Fencing Condition: Adequate

Comment:

Corrective Action

Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment:

Corrective Action

Date: _____

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

Comment: 30' x 70'

Corrective Action

Date: _____

Monitoring:	Monitoring Type	Comment
	Chain	

COGCC Comments

Comment	User	Date
Passed MIT on (09/26/15).	duranj	12/07/2016