

**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:

12/28/2016

Submitted Date:

01/04/2017

Document Number:

668005086**FIELD INSPECTION FORM**

| Loc ID 308826 | Inspector Name: DURAN, JOHN | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ | Status Summary: <input type="checkbox"/> THIS IS A FOLLOW UP INSPECTION <input type="checkbox"/> FOLLOW UP INSPECTION REQUIRED <input checked="" type="checkbox"/> NO FOLLOW UP INSPECTION REQUIRED Findings: 2 Number of Comments 0 Number of Corrective Actions <input type="checkbox"/> Corrective Action Response Requested | | | | | | | | | | | | | | | | |
|---|--------------------------------|---|---------------------------------|--|--------------|---------------|-------------|-------------|-----------------------|--------------|---------------------------|---------------------------------|--------|------|----|------------|----|-----------|-----------|----|
| Operator Information: OGCC Operator Number: <u>10084</u> Name of Operator: <u>PIONEER NATURAL RESOURCES USA INC</u> Address: <u>5205 N O'CONNOR BLVD STE 200</u> City: <u>IRVING</u> State: <u>TX</u> Zip: <u>75039</u> | | | | | | | | | | | | | | | | | | | | |
| Contact Information: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Contact Name</th> <th>Phone</th> <th>Email</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>Distribution, Pioneer</td> <td>972-444-9001</td> <td>COGCC.Inspections@pxd.com</td> <td>All Inspections</td> </tr> </tbody> </table> | | | | | Contact Name | Phone | Email | Comment | Distribution, Pioneer | 972-444-9001 | COGCC.Inspections@pxd.com | All Inspections | | | | | | | | |
| Contact Name | Phone | Email | Comment | | | | | | | | | | | | | | | | | |
| Distribution, Pioneer | 972-444-9001 | COGCC.Inspections@pxd.com | All Inspections | | | | | | | | | | | | | | | | | |
| Inspected Facilities: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Facility ID</th> <th>Type</th> <th>Status</th> <th>Status Date</th> <th>Well Class</th> <th>API Num</th> <th>Facility Name</th> <th>Insp Status</th> </tr> </thead> <tbody> <tr> <td>282904</td> <td>WELL</td> <td>PR</td> <td>04/03/2006</td> <td>GW</td> <td>071-08694</td> <td>DOC 34-30</td> <td>PR</td> </tr> </tbody> </table> | | | | | Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | 282904 | WELL | PR | 04/03/2006 | GW | 071-08694 | DOC 34-30 | PR |
| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | | | | | | | | | | | | | |
| 282904 | WELL | PR | 04/03/2006 | GW | 071-08694 | DOC 34-30 | PR | | | | | | | | | | | | | |
| General Comment: <div style="height: 400px; border: 1px solid black;"></div> | | | | | | | | | | | | | | | | | | | | |

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: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Vertical Separator | # 1 | | |
| 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: |

| | | | | |
|-----------------------------|------------|-----------------------|------------|------------------|
| Inspected Facilities | | | | |
| Facility ID: 282904 | Type: WELL | API Number: 071-08694 | 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