

**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:

04/20/2017

Submitted Date:

04/27/2017

Document Number:

668005375**FIELD INSPECTION FORM**

Loc ID 333743 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:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------------|--------------|-------------------------------|---------------------------------|
| 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 |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 278891 | WELL | PR | 10/07/2005 | GW | 071-08454 | ROLLS 14-14 TR | PR |
| 278892 | WELL | PR | 10/07/2005 | GW | 071-08455 | ROLLS 14-14 | 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: Progressive Cavity | # 2 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 2 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Vertical Separator | # 2 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Venting:

| | | | |
|--------------------|--|-------|--|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

Inspected FacilitiesFacility ID: 278891 Type: WELL API Number: 071-08454 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

Facility ID: 278892 Type: WELL API Number: 071-08455 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 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: NO2+ feet Freeboard: YESComment: 30' x 70'

Corrective Action: _____

Date: _____

Type: 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: | | | | Date: |
| Corrective Action | | | | |
| Anchor Trench Present: | | Oil Accumulation: <u>NO</u> | 2+ feet Freeboard: <u>YES</u> | Date: |
| Comment: | 30' x 70' | | | |
| Corrective Action | | | | |
| Permit: | Facility ID | Permit Num | Expiration Date | |
| | 282521 | 1394170 | | |
| | 282520 | 1394169 | | |
| Monitoring: | Monitoring Type | Comment` | | |
| | Chain | | | |
| | Chain | | | |