

**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:

05/08/2017

Submitted Date:

05/10/2017

Document Number:

668005422**FIELD INSPECTION FORM**

Loc ID 308924 Inspector Name: DURAN, JOHN On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: PO BOX 6501City: ENGLEWOOD State: CO Zip: 80155**Status Summary:**

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

Findings:6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Trujillo, Irwin	719-846-0272/719-859-2264	irwin_trujillo@xtoenergy.com	Sr. Env. Tech., Raton Basin
Fitzgerald, Edie	719-845-2108/719-859-1394	Edie_Fitzgerald@xtoenergy.com	Env. Tech, Raton Basin
Harrison, Lyndon	505-333-3100	Lyndon_Harrison@xtoenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
285167	WELL	PR	06/15/2006	GW	071-08814	APACHE CANYON 31-16	PR

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:			
Corrective Action:		Date:	

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

			corrective date
Type: Compressor	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 5		
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:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLS	STEEL AST		,
Comment:	1 - 30 bbl ST				
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities									
Facility ID:	285167	Type:	WELL	API Number:	071-08814	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 50'

Corrective Action

Date:

Monitoring:

Monitoring Type

Comment`

Other

Blue stake