

**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:

07/21/2017

Submitted Date:

07/25/2017

Document Number:

687900165

FIELD INSPECTION FORM

Loc ID 307653 Inspector Name: DURAN, JOHN On-Site Inspection 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:

- 8 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Koehler, Bob		bob.koehler@state.co.us	
Wiseman, Jack	719-845-4392/719-680-7977	jack.wiseman@pxd.com	UIC Inspections
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
89162	WELL	IJ	02/01/2017	DSPW	071-06741	WILD BOAR 21-32 WD	AC

General Comment:

Location

Overall 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		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	PIT		
Comment:	Barb wire		
Corrective Action:		Date:	

Equipment:

Type	#	Capacity	Type	Tank ID	SE GPS	corrective date
Deadman # & Marked	# 5					
Comment:						
Corrective Action:						Date:
Ancillary equipment	# 1					
Comment:			Wehellhead and plumbing.			
Corrective Action:						Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms						
Type	Capacity	Permeability (Wall)		Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient		Base Sufficient	Adequate	
Comment:						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	<100 BBLs	FIBERGLASS AST			
Comment: 1 - 50 bbl FGWT						
Corrective Action:						Date:

Paint						
Condition						
Other (Content)						
Other (Capacity)						
Other (Type)						

Berms						
Type	Capacity	Permeability (Wall)		Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient		Base Sufficient	Adequate	
Comment:						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	200 BBLs	STEEL AST			
Comment:						
Corrective Action:						Date:

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

Berms						
Type	Capacity	Permeability (Wall)		Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient		Base Sufficient	Adequate	
Comment:						
Corrective Action:						Date:
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	2	OTHER	STEEL AST			
Comment: 2 - 800 bbl ST						
Corrective Action:						Date:

Paint						
Condition						
Adequate						
Other (Content)						

Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:				Date:	

Venting:

Yes/No					
Comment:					
Corrective Action:				Date:	

Flaring:

Type					
Comment:					
Corrective Action:				Date:	

Inspected Facilities

Facility ID: 89162 Type: WELL API Number: 071-06741 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 700

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-8" Hg</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>1 psig</u>	Previous Test Pressure _____	Inj Zone: <u>DK-PR</u>
Brhd:	Pressure or inches of Hg <u>0 psig</u>	Previous Test Pressure _____	Last MIT: <u>09/12/2014</u>
			AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

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: YES Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: Plastic Liner Condition: Adequate

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: 60' x 70'

Corrective Action

Date:

Permit:	Facility ID	Permit Num	Expiration Date
	282341	1393008	

Monitoring:	Monitoring Type	Comment`
	Chain	

COGCC Comments

Comment	User	Date
Next MiT on (08/31/2019).	duranj	07/25/2017