

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:

09/06/2017

Submitted Date:

09/14/2017

Document Number:

687900325

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
312086 _____ DURAN, JOHN _____ 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 100264

Name of Operator: XTO ENERGY INC

Address: PO BOX 6501

City: ENGLEWOOD State: CO Zip: 80155

Status Summary:

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

Findings:

8 Number of Comments

0 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
Harrison, Lyndon	505-333-3100	Lyndon_Harrison@xtoenergy.com	
Fitzgerald, Edie	719-845-2108/719-859-1394	Edie_Fitzgerald@xtoenergy.com	Env. Tech, Raton Basin

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
217423	WELL	TA	08/15/2013	GW	071-06200	HILL RANCH 28-10	TA
257550	WELL	PR	04/28/2002	GW	071-07022	HILL RANCH 28-10V	PR

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?

Equipment:

					corrective date
Type: Progressive Cavity	# 1				
Comment:					
Corrective Action:					Date:
Type: Deadman # & Marked	# 6				
Comment:					
Corrective Action:					Date:
Type: Vertical Separator	# 2				
Comment:					
Corrective Action:					Date:
Type: Gas Meter Run	# 1				
Comment:					
Corrective Action:					Date:
Type: Ancillary equipment	# 1				
Comment: Wellhead					
Corrective Action:					Date:

Venting:

Yes/No			
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 217423 Type: WELL API Number: 071-06200 Status: TA Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Passed MiT on (08/07/13).

Corrective Action: _____ Date: _____

Facility ID: 257550 Type: WELL API Number: 071-07022 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

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: Fencing Condition:

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',shared

Corrective Action

Date:

Monitoring:	Monitoring Type	Comment
	Other	Blue stake

COGCC Comments

Comment	User	Date
H.R. 28-10 Passed MiT on (08/07/13).	duranj	09/14/2017