

**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:

10/30/2017

Submitted Date:

10/30/2017

Document Number:

689400559**FIELD INSPECTION FORM**Loc ID 312540 Inspector Name: CONKLIN, CURTIS On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10144Name of Operator: XOG OPERATING LLCAddress: P O BOX 352City: MIDLAND State: TX Zip: 79702**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**10 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Engineering		dnr_cogccengineering@state.co.us	All Engineering
Crawford, Angie		acrawford@xogoperating.com	
Kellerby, Shaun		shaun.kellerby@state.co.us	NW Supervisor
Lujan, Carlos		carlos.lujan@state.co.us	
Colby, Lou		lou.colby@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221880	WELL	TA	06/01/2012	GW	077-08482	WELLS 1	TA

General Comment:Joint inspection with Reclamation Specialist Lou Colby and Environmental Specialist Carlos Lujan.

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	1-888-683-3171		
Corrective Action:			Date: _____

Good Housekeeping:			
Type	STORAGE OF SUPL		
Comment:	Landowner has equipment stored on location. Equipment should be stored to allow emergency access to well.		
Corrective Action:			Date:
Type	UNUSED EQUIPMENT		
Comment:	Two Deadman anchors have been removed and are laying on location.		
Corrective Action:	Remove unused equipment to comply with Rule 603.		Date: 11/30/2017

Overall Good: ☐

Spills:				
Type	Area	Volume		

In Containment: No

Comment: _____

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Pipe fence		
Corrective Action:			Date:

Equipment:			corrective date
Type: Deadman # & Marked	# 3		
Comment:	Two unmarked deadmen anchors.		
Corrective Action:	Mark or remove.		Date: 11/30/2017
Type: Horizontal Heated Separator	# 0		
Comment:	Separator has been removed.		
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			

Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 221880 Type: WELL API Number: 077-08482 Status: TA Insp. Status: TA**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned

Reminder: _____

Comment: Well last produced in May 2003. No production equipment on location. Form 4
Doc#401377279 on file for TA status. Flowlines abandoned on 6/15/17.

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
Compaction	Pass					
Berms	Pass	Compaction	Pass			

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401445159	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4287892
689400562	WELLS 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4287888