

**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:

06/26/2020

Submitted Date:

06/28/2020

Document Number:

700402147**FIELD INSPECTION FORM**
 Loc ID 335708 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num:
Operator Information:OGCC Operator Number: 100264Name of Operator: XTO ENERGY INCAddress: 110 W 7TH STREETCity: FORT WORTH State: TX Zip: 76102**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**8 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested
**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**
Contact Information:

Contact Name	Phone	Email	Comment
Clark, Erin	405-319-3250	erin_clark@xtoenergy.com	
Thompson, Bud		BLThomps@BLM.gov	
West, Jerry		jerry_west@xtoenergy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
288763	WELL	PR	05/01/2020	GW	103-10975	YELLOW CREEK FEDERAL XOM 2-22-1	PR
291707	WELL	SI	04/01/2020	GW	103-11059	YELLOW CREEK FEDERAL XOM 2-22-0246	SI

General Comment:

A routine inspection identified the following compliance issues:

- 1) Unused equipment next to well heads & separator. Photos 6, 7, 8. Complete by 7-29-2020.
- 2) Two tank labels with prior operator name & phone number. Complete by 7-29-2020.

This is a summary of inspection report 700402147.

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	Two tank labels with old operator name & phone number. These tanks also have a 2nd label with the current operator name & phone name.		
Corrective Action:	Correct or remove extra signs to comply with Rule 210.d.	Date:	07/29/2020
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 911

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	1) Unused pipe on ground next to well heads. 2) Unused equipment on ground next to separator housing. 3) Solar panel on ground. The inspector could not determine if the panel fell off the stand or is unused.		
Corrective Action:	Comply with Rule 603.f .	Date:	07/29/2020

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	LOCATION		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:

Type: Ancillary equipment	# 1		corrective date
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Comment:	Chemical container.		Date:	
Corrective Action:			Date:	
Type: Bird Protectors	# 2			
Comment:			Date:	
Corrective Action:			Date:	
Type: Other	# 2			
Comment:	Pump in building & communication tower.		Date:	
Corrective Action:			Date:	
Type: Deadman # & Marked	# 5			
Comment:			Date:	
Corrective Action:			Date:	
Type: Horizontal Heated Separator	# 2			
Comment:			Date:	
Corrective Action:			Date:	
Type: Plunger Lift	# 2			
Comment:			Date:	
Corrective Action:			Date:	
Type: Gas Meter Run	# 1			
Comment:			Date:	
Corrective Action:			Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	2	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		Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	4	400 BBLs	STEEL AST		,
Comment:					
Corrective Action:					

Paint

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

Berms

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected FacilitiesFacility ID: 288763 Type: WELL API Number: 103-10975 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

Facility ID: 291707 Type: WELL API Number: 103-11059 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: Last recorded production March 2020.

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	Material Handling And Spill Prevention	Pass	
Berms	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
402433033	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5186057
700402148	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5186045