

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Inspection Date:
06/04/2014

Document Number:
673703782

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>432441</u>	<u>432416</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>19160</u>
Name of Operator:	<u>CONOCO PHILLIPS COMPANY</u>
Address:	<u>P O BOX 2197</u>
City:	<u>HOUSTON</u> State: <u>TX</u> Zip: <u>77252-</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Gahr, Dean	(303) 268-3723	Dean.P.Gahr@conocophillips.com	All DJ Basin Inspections
Strickler, Robert		Robert.D.Strickler@conocophillips.com	All DJ Basin Inspections
Carlile, Justin	(281) 206-5770	justin.carlile@conocophillips.com	

Compliance Summary:

QtrQtr: SWSW Sec: 28 Twp: 4S Range: 64W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
432441	WELL	XX	04/10/2013	LO	005-07206	Tebo 28 1H	DG <input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits:	<u> </u>	Drilling Pits:	<u> </u>	Wells:	<u>1</u>	Production Pits:	<u> </u>
Condensate Tanks:	<u>1</u>	Water Tanks:	<u>1</u>	Separators:	<u>1</u>	Electric Motors:	<u>1</u>
Gas or Diesel Mortors:	<u> </u>	Cavity Pumps:	<u> </u>	LACT Unit:	<u> </u>	Pump Jacks:	<u>1</u>
Electric Generators:	<u>1</u>	Gas Pipeline:	<u>1</u>	Oil Pipeline:	<u>1</u>	Water Pipeline:	<u>1</u>
Gas Compressors:	<u>1</u>	VOC Combustor:	<u>1</u>	Oil Tanks:	<u>3</u>	Dehydrator Units:	<u>1</u>
Multi-Well Pits:	<u> </u>	Pigging Station:	<u> </u>	Flare:	<u>1</u>	Fuel Tanks:	<u> </u>

Location

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	ACTION REQUIRED	See emergency contact number information.	Install sign to comply with rule 210.	06/30/2014

Emergency Contact Number (S/A/V): ACTION

Corrective Date: 06/30/2014

Inspector Name: Sherman, Susan

Comment: A conference call line 877-543-4117.

Corrective Action: Put correct emergency contact number on sign.

Spills:

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

Multiple Spills and Releases?

Venting:

Yes/No	Comment
--------	---------

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
------	------------------------------	---------	-------------------	---------

Predrill

Location ID: 432441

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

BMP Type	Comment
Site Specific	<p>ConocoPhillips Groundwater Monitoring Program</p> <p>ConocoPhillips has adopted the Colorado Oil and Gas Association (COGA) voluntary groundwater testing program to establish baseline groundwater quality conditions around new oil well locations in their leased area. The sampling program will allow the company (ConocoPhillips) to evaluate the groundwater conditions before drilling a well and also to monitor water quality afterward.</p> <p>The program will be in accordance with the guidance set forth in the Voluntary Baseline Groundwater Quality Sampling Program last updated on November 15, 2011. Under the sampling protocol, water samples would be collected from the two closest groundwater sources with reasonable access. The sample points, permitted or registered wells, would be located within 1/2 mile of the proposed well surface location.</p> <p>Sampling will be conducted based on the landowner granting access to the well location and agreeing to have the laboratory analytical results submitted to COGCC for posting to a database viewable by the public.</p> <p>Samples will be analyzed for the constituents listed in Table 1 of the Groundwater Sampling and Analytical Program.</p>

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:
 Name: _____ Address: _____
 Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:
 Landman Name: _____ Phone Number: _____
 Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____
 Request LGD Attendance: _____

LGD Contact Information:
 Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 432441 Type: WELL API Number: 005-07206 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:
 Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:
 Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
 Comment: _____
 Corrective Action: _____ Date: _____
 Reportable: _____ GPS: Lat _____ Long _____
 Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS: _____ Lat _____ Long _____

Field Parameters:

Inspector Name: Sherman, Susan

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

Comment: _____

1003a. Debris removed? _____ CM _____
CA _____ CA Date _____

Waste Material Onsite? _____ CM _____
CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____
CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____
CA _____ CA Date _____

Guy line anchors removed? _____ CM _____
CA _____ CA Date _____

Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder:

Comment:

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment:

Corrective Action: Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: _____ Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT