

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:
04/02/2015

Document Number:
674900467

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>290148</u>	<u>334238</u>	<u>Hughes, Jim</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10453</u>
Name of Operator:	<u>CCI PARADOX UPSTREAM LLC</u>
Address:	<u>600 17TH STREET #1900S</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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
Labowskie, Steve		steve.labowskie@state.co.us	
Campbell, Stephen	281-714-2931	steve.campbell@cci.com	
Fischer, Alex		alex.fischer@state.co.us	
Schaffner, Chrissy	303-728-2217	chrissy.schaffner@cci.com	

Compliance Summary:

QtrQtr:	<u>NWNE</u>	Sec:	<u>12</u>	Twp:	<u>44N</u>	Range:	<u>15W</u>
---------	-------------	------	-----------	------	------------	--------	------------

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/18/2009	200211500	PR	PR	SATISFACTORY			No

Inspector Comment:

On April 2, 2015 COGCC SW EPS Jim Hughes conducted an environmental field inspection of the CCI Hamilton Creek Fed #12-13-44-15. For the most recent field inspection report of this facility, please refer to document #200211500.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
289992	WELL	PR	09/27/2007	GW	113-06231	HC FED 12-23-44-15	EI	<input checked="" type="checkbox"/>
289994	WELL	AL	03/17/2008	LO	113-06230	HC FED 12-22-44-15	AL	<input type="checkbox"/>
290148	WELL	PR	09/30/2007	GW	113-06235	HC FED 12-13-44-15	EI	<input checked="" type="checkbox"/>
290150	WELL	AL	03/17/2008	LO	113-06233	HC FED 1-23-44-15	AL	<input type="checkbox"/>

Equipment:

Location Inventory

--

Inspector Name: Hughes, Jim

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

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Well head signs mounted to stock panel fencing surrounding well heads.		
TANK LABELS/PLACARDS	ACTION REQUIRED	North 400 bbl. AST is not labeled.	Install sign to comply with rule 210.	05/08/2015

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Stock panel fencing.		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Skid mounted compressor.		
Ancillary equipment	1	SATISFACTORY	Chemical injection system		
Gas Meter Run	2	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS

Inspector Name: Hughes, Jim

PRODUCED WATER	2	400 BBLs	STEEL AST	38.094224,-108.468576
----------------	---	----------	-----------	-----------------------

S/A/V:	ACTION REQUIRED	Comment:	North AST is not labeled.
--------	------------------------	----------	---------------------------

Corrective Action:	Install labels to comply with Rule 210.d.	Corrective Date:	05/08/2015
--------------------	---	------------------	------------

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 290148

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:**

CA: **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 289992 Type: WELL API Number: 113-06231 Status: PR Insp. Status: EI

Facility ID: 290148 Type: WELL API Number: 113-06235 Status: PR Insp. Status: EI

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:

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: _____

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? _____

Inspector Name: Hughes, Jim

Comment:

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

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
Ditches	Pass	Culverts	Pass			Diversion ditch on W side of location.
Culverts	Pass					
Berms	Pass					Location berm on E side of location.
Rip Rap	Pass					

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment:

CA:

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
674900468	Unlabeled AST	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3588198
674900469	Location berm on E side.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3588199
674900470	Rip rap lined outfall.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3588200