

**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

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Inspection Date:
05/21/2015Document Number:
673710460Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	434237	434238	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 19160Name of Operator: CONOCO PHILLIPS COMPANYAddress: P O BOX 2197City: HOUSTON State: TX Zip: 77252-

- ☐ 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
Strickler, Robert		Robert.D.Strickler@conocophillips.com	All DJ Basin Inspections
Gahr, Dean	(303) 268-3723	Dean.P.Gahr@conocophillips.com	All DJ Basin Inspections
Savage, Ali	(281) 260-5359	ali.savage@conocophillips.com	

Compliance Summary:QtrQtr: NESE Sec: 36 Twp: 4S Range: 64W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
434237	WELL	XX	09/13/2013	LO	005-07213	Murphy Family 4-63 31 2H	XX	<input type="checkbox"/>
434239	WELL	PR	04/20/2014	OW	005-07214	Murphy Family 4-64 36 1H	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: <u> </u>	Drilling Pits: <u> </u>	Wells: <u>2</u>	Production Pits: <u> </u>
Condensate Tanks: <u>2</u>	Water Tanks: <u>2</u>	Separators: <u>4</u>	Electric Motors: <u> </u>
Gas or Diesel Motors: <u> </u>	Cavity Pumps: <u> </u>	LACT Unit: <u>1</u>	Pump Jacks: <u>2</u>
Electric Generators: <u> </u>	Gas Pipeline: <u>2</u>	Oil Pipeline: <u>2</u>	Water Pipeline: <u>2</u>
Gas Compressors: <u>1</u>	VOC Combustor: <u>3</u>	Oil Tanks: <u>6</u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u>2</u>	Fuel Tanks: <u> </u>

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			

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TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS		mustard weeds on berms (see attached photo)		

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
PUMP JACK	SATISFACTORY			
LOCATION	SATISFACTORY	barbed wire		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Bird Protectors	1	SATISFACTORY	on HHS		
Horizontal Separator	1	SATISFACTORY	indirect fire separator		
VRU	1	SATISFACTORY	in tank berms		
Emission Control Device	1	SATISFACTORY	concrete pad, GPS 39.65511, - 104.49126		
Gas Meter Run	1	SATISFACTORY	solar panel and radio telemetry, digital		
Compressor	1	SATISFACTORY	@ tank battery		
Pump Jack	1	SATISFACTORY	concrete pad		
Horizontal Heated Separator	1	SATISFACTORY	metal berms GPS 39.65508, - 104.49156		
Prime Mover	1	SATISFACTORY	electric		
Ancillary equipment	8	SATISFACTORY	3 chemical containers (2 @ well, 1 @ treater), 2 electric panels, gas, 2 propane tanks		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
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PRODUCED WATER	1	400 BBLS	STEEL AST	
S/A/V:	SATISFACTORY		Comment: same berms as crude oil tanks	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	400 BBLS	STEEL AST	39.655100,-104.491770
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pipe	SATISFACTORY	concrete pad, GPS 39.65516, -104.49123		

Predrill

Location ID: 434237

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	notojohn	operator provided Appendix A of the Memorandum of Understanding (MOU). The MOU is attached as proposed BMPs.	07/10/2013
OGLA	notojohn	<p>These COAs were coordinated with the Arapahoe County LGD and were accepted by the operator. They are from previously approved Form 2As. These COAs are independent of agreements between the operator and the county.</p> <p>1. Operator shall post 24-hr company contact information at the intersection of the access road and public road for noise and other complaints.</p> <p>2. Operator shall concurrently submit copies of any Form 19 submitted to COGCC for this well or its production facilities to the Arapahoe County LGD.</p> <p>3. Operator will implement best management practices that address the timing and planning of mobilization, hauling, construction, drilling, and completion operations to minimize conflicts with school buses.</p> <p>4. Operator will direct lights downward or use light shielding except where safety is potentially compromised.</p>	07/01/2013

S/A/V: SATISFACTORY**Comment:****CA:****Date:****Wildlife BMPs:****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: 434239 Type: WELL API Number: 005-07214 Status: PR Insp. Status: PR

Producing Well

Comment: PR. Feb 2015 reported to COGCC database.

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: DRY LAND, RANGELAND

Comment: Fondis silt loam, large fenced location

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM cellar open

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? _____

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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: DRY LAND, 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
Compaction	Pass	Compaction	Pass	MHSP	Pass	
Mulching	Pass					
Retention Ponds	Pass	Rip Rap	Pass			
Gravel	Pass	Gravel	Pass	SR	Pass	
Other	Pass	Other	Pass			vegetation
Waddles	Pass	Waddles	Pass			

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

Y

Comment: _____

CA: _____

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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
673710465	Conoco Murphy Family 4-63 31 1H	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3613545