

**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 |
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Inspection Date:

06/02/2015

Document Number:

668403012

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 256809 | 316813 | BROWNING, CHUCK | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 10453Name of Operator: CCI PARADOX UPSTREAM LLCAddress: 600 17TH STREET #1900SCity: DENVER State: CO Zip: 80202

- ☐ 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 |
|--------------------|----------------|----------------------------|-----------------|
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Schaffner, Chrissy | (303) 906-1257 | chrissy.schaffner@cci.com | |

Compliance Summary:QtrQtr: NESE Sec: 28 Twp: 44N Range: 16W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/16/2009 | 200222446 | PR | PR | SATISFACTORY | | | No |
| 09/11/2008 | 200195416 | PR | PR | SATISFACTORY | | | No |
| 03/12/2004 | 200053214 | PR | PR | SATISFACTORY | | Pass | No |

Inspector Comment:MIT to maintain SI/TA status.**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 256809 | WELL | SI | 04/16/2015 | GW | 113-06071 | ANDY'S MESA FEDERAL 16 | SI | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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

Inspector Name: BROWNING, CHUCK

| | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| Lease Road: | | | | |
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Main | SATISFACTORY | | | |
| Access | SATISFACTORY | | | |

| | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

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 | | | |

| | | | | | |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Equipment: | | | | | |
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 1 | SATISFACTORY | | | |
| Gas Meter Run | 1 | SATISFACTORY | | | |

| | | | |
|--------------------------|---|-----------------------------------|----------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ |
| Contents | # | Capacity | Type |
| CONDENSATE | 1 | 100 BBLS | PBV STEEL |
| S/A/V: SATISFACTORY | | Comment: _____ | |
| Corrective Action: _____ | | Corrective Date: _____ | |

Paint

| | |
|------------------|-------|
| Condition | _____ |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| | | | | |
|-------------------|----------|---------------------|---------------------|------------------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | _____ | | | Corrective Date: _____ |
| Comment | _____ | | | |

| | | |
|--------------------|-----------------------------------|----------------|
| Facilities: | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

Inspector Name: BROWNING, CHUCK

| | | | | | |
|--------------------|------------------------------|---------------------|---------------------|-----------------------|--|
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 1 | 300 BBLS | STEEL AST | 38.042256,-108.632239 | |
| S/A/V: | SATISFACTORY | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) | | | | | |
| Other (Capacity) | | | | | |
| Other (Type) | | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Earth | Adequate | Walls Sufficent | Base Sufficent | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | Comment | | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 256809

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:****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: 256809 Type: WELL API Number: 113-06071 Status: SI Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: MIT to maintain SI/TA status.
Pressured casing to 350 psi. Hold for 15 min. Final pressure 342 psi. -8 psi loss. OK**Environmental****Spills/Releases:**

Inspector Name: BROWNING, CHUCK

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

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 | |
| <u>Cropland</u> | |

Inspector Name: BROWNING, CHUCK

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms | Pass | Gravel | Pass | MHSP | Pass | |

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT