

**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:  
06/22/2015

Document Number:  
673710722

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                       |                    |                          |
|---------------------|---------------|---------------|-----------------------|--------------------|--------------------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:       | On-Site Inspection | <input type="checkbox"/> |
|                     | <u>430347</u> | <u>430346</u> | <u>Sherman, Susan</u> | 2A Doc Num:        |                          |

**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 |
| Savage, Ali       | (281) 260-5359 | ali.savage@conocophillips.com         |                          |
| Strickler, Robert |                | Robert.D.Strickler@conocophillips.com | All DJ Basin Inspections |

**Compliance Summary:**

| QtrQtr:    | <u>NENE</u> | Sec:       | <u>3</u>    | Twp:                          | <u>5s</u> | Range:         | <u>64W</u>      |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 05/13/2013 | 668300147   | DG         | PR          | SATISFACTORY                  | I         |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 430347      | WELL | PR     | 11/01/2013  | OW         | 005-07197 | Tebo 3 1H     | PR          | <input checked="" type="checkbox"/> |

**Equipment:**

Location Inventory

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: <u>1</u>     | 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**

| <b>Signs/Marker:</b> |                              |   |                   |         |
|----------------------|------------------------------|---|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
| BATTERY              | SATISFACTORY                 |   |                   |         |
| OTHER                | SATISFACTORY                 | direction signs on Quincy and lease sign @ gate |                   |         |
| WELLHEAD             | SATISFACTORY                 |   |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |   |                   |         |
| CONTAINERS           | SATISFACTORY                 |   |                   |         |

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

| <b>Fencing/:</b> |                              |              |                   |         |
|------------------|------------------------------|--------------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment      | Corrective Action | CA Date |
| LOCATION         | SATISFACTORY                 | barbed wire  |                   |         |
| PUMP JACK        | SATISFACTORY                 | steel panels |                   |         |

| <b>Equipment:</b>         |   |                              |   |                   |         |
|---------------------------|---|------------------------------|---|-------------------|---------|
| Type                      | # | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
| Flare                     | 1 | SATISFACTORY                 | emergency, gravel berm  |                   |         |
| Pump Jack                 | 1 | SATISFACTORY                 | stuffing box leak (see attached photo), not on ground, fix leak |                   |         |
| Emission Control Device   | 1 | SATISFACTORY                 | pilot light on  |                   |         |
| Prime Mover               | 1 | SATISFACTORY                 | electric  |                   |         |
| Bird Protectors           | 3 | SATISFACTORY                 |   |                   |         |
| FWKO                      | 2 | SATISFACTORY                 | near flare and ECD  |                   |         |
| Ancillary equipment       | 4 | SATISFACTORY                 | chemical container, electric panels, gas scrubber               |                   |         |
| Gas Meter Run             | 1 | SATISFACTORY                 | shed  |                   |         |
| VRU                       | 1 | SATISFACTORY                 | tower in tank berms, concrete pad                               |                   |         |
| Horizontal Heater Treater | 1 | SATISFACTORY                 | metal berm, 2 phase and vertical 3 phase                        |                   |         |

| <b>Facilities:</b>                |   |                |           |        |
|-----------------------------------|---|----------------|-----------|--------|
| <input type="checkbox"/> New Tank |   | Tank ID: _____ |           |        |
| Contents                          | # | Capacity       | Type      | SE GPS |
| PRODUCED WATER                    | 1 | 400 BBLs       | STEEL AST | ,      |

Inspector Name: Sherman, Susan

|        |              |          |                               |
|--------|--------------|----------|-------------------------------|
| S/A/V: | SATISFACTORY | Comment: | same berms as crude oil tanks |
|--------|--------------|----------|-------------------------------|

|                    |  |                  |  |
|--------------------|--|------------------|--|
| Corrective Action: |  | Corrective Date: |  |
|--------------------|--|------------------|--|

**Paint**

|                  |          |
|------------------|----------|
| Condition        | Adequate |
| 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 | ,      |

|                    |              |                  |  |
|--------------------|--------------|------------------|--|
| 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 |
|-------|----------|---------------------|---------------------|-------------|
| 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 |
|-------------|------------------------------|---------|-------------------|---------|
| Field Flare | SATISFACTORY                 |         |                   |         |

**Predrill**

Location ID: 430347

**Site Preparation:**  
 Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**  
**S/A/V:** SATISFACTORY **Comment:** \_\_\_\_\_

CA:  Date:

**Wildlife BMPs:**

| BMP Type | Comment   |
|----------|---|
| Planning | <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:  430347 Type:  WELL API Number:  005-07197 Status:  PR Insp. Status:  PR

**Producing Well**

Comment:  **OR. Apr 2015 reported to COGCC database. Formation listed as "Not Completed". Check on status of Form 5F.**

**BradenHead**

Comment: -.5 psi

CA:

CA Date:

**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: RANGELAND

Comment: large fenced location, cheatgrass present, Bresser-Truckton sandy loam soil type

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 ?

Inspector Name: Sherman, Susan

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Rip Rap          | Pass            |                         |                       |               |                          |         |
| Retention Ponds  | Pass            |                         |                       | SI            | Pass                     |         |
| Gravel           | Pass            | Gravel                  | Pass                  | SR            | Pass                     |         |
| Compaction       | Pass            | Compaction              | Pass                  | MHSP          | Pass                     |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

|  |
|--|
| <b>Pits:</b> <input type="checkbox"/> NO SURFACE INDICATION OF PIT |
|--|

**COGCC Comments**

| Comment                    | User     | Date       |
|----------------------------|----------|------------|
| Verify Form 4 for flaring. | ShermaSe | 06/27/2015 |

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description              | URL   |
|--------------|--------------------------|---|
| 673710780    | Conoco Phillip Tebo 3 1H | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3633319">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3633319</a> |