

**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



Inspection Date: 04/07/2016  
Document Number: 685300295  
Overall Inspection: SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                               |                          |             |
|---------------------|---------------|---------------|-------------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:               | On-Site Inspection       | 2A Doc Num: |
|                     | <u>259400</u> | <u>333890</u> | <u>St John, William (Cal)</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               |
|-------------------|--------------|--|-----------------------|
| Notor, Lori       | 505-326-9822 | Lori.R.Notor@conocophillips.com        | SW Inspection Reports |
| Busse, Dollie     | 505-324-6104 | dollie.l.bussie@conocophillips.com     | SW Inspection Reports |
| McDaniel, Heather | 505-326-5507 | hearther.d.mcdaniel@conocophillips.com | SW Inspection Reports |
| Labowskie, Steve  |              | steve.labowskie@state.co.us            | COGCC                 |

**Compliance Summary:**

| QtrQtr:    | <u>NESW</u> | Sec:       | <u>17</u>   | Twp:                          | <u>33N</u> | Range:         | <u>9W</u>       |
|------------|-------------|------------|-------------|-------------------------------|------------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I   | Pas/Fail (P/F) | Violation (Y/N) |
| 03/18/2014 | 674600102   | PR         | PR          | SATISFACTORY                  | P          |                | No              |
| 04/07/2006 | 200092711   | PR         | PR          | SATISFACTORY                  |            | Pass           | No              |
| 06/28/2005 | 200073136   | PR         | PR          | SATISFACTORY                  |            | Pass           | No              |
| 06/21/2005 | 200073083   | PR         | PR          | <b>ACTION REQUIRED</b>        |            | <b>Fail</b>    | Yes             |
| 11/02/2004 | 200066009   | PR         | PR          | SATISFACTORY                  |            | Pass           | No              |
| 04/17/2003 | 200038025   | PR         | PR          | SATISFACTORY                  |            | Pass           | No              |

**Inspector Comment:**

*See comments in Facility and Storm Water sections of report.*

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                    | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------------------------|-------------|-------------------------------------|
| 259400      | WELL | PR     | 12/18/2007  | GW         | 067-08409 | FLORIDA RIVER ESTATES 17-3       | PR          | <input checked="" type="checkbox"/> |
| 290651      | WELL | PR     | 02/01/2011  | GW         | 067-09367 | FLORIDA RIVER ESTATES 33-9 17-3A | PR          | <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**

|                    |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| <b>Lease Road:</b> |                              |         |                   |      |
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access             | SATISFACTORY                 |         |                   |      |

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

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

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

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

|                           |                              |   |                   |         |
|---------------------------|------------------------------|---|-------------------|---------|
| <b>Good Housekeeping:</b> |                              |   |                   |         |
| Type                      | Satisfactory/Action Required | Comment                                     | Corrective Action | CA Date |
| OTHER                     | SATISFACTORY                 | Location looks good and is well maintained. |                   |         |

|  |      |        |                   |         |
|--|------|--------|-------------------|---------|
| <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 |
|                  |                              |         |                   |         |

|                   |   |                               |  |       |
|-------------------|---|-------------------------------|--|-------|
| <b>Equipment:</b> |   |                               |  |       |
| Type:             | # | Satisfactory/Action Required: |  |       |
| Comment           |   |                               |  |       |
| Corrective Action |   |                               |  | Date: |

|                 |    |
|-----------------|----|
| <b>Venting:</b> |    |
| Yes/No          | NO |
| Comment         |    |

|                 |                              |
|-----------------|------------------------------|
| <b>Flaring:</b> |                              |
| Type            | Satisfactory/Action Required |
|                 |                              |

|                    |  |                      |  |
|--------------------|--|----------------------|--|
| Comment:           |  |                      |  |
| Corrective Action: |  | Correct Action Date: |  |

**Predrill**

Location ID: 259400

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/AR:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**S/AR:** \_\_\_\_\_ **Comment:**

**CA:**  **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AR:** \_\_\_\_\_ **Comment:**

**CA:**  **Date:** \_\_\_\_\_

**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: 259400 Type: WELL API Number: 067-08409 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: **Witnessed Braden Head Testing. Initial readings - Casing 29 PSI, Tubing 4 PSI, Braden Head 20 PSI. Final Braden Head reading was 0 PSI. Instantaneous Braden Head reading was 3 PSI. Additional review and verification of test results to be conducted. Please notify COGCC Field Inspection when scheduled.**

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

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

Facility ID: 290651 Type: WELL API Number: 067-09367 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **Witness Braden Head test. Initial pressure reading - Casing 31 PSI, Tubing PSI 7, Braden Head PSI 1. Final Braden Head pressure reading was 0 PSI. Instantaneous reading was 0 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: \_\_\_\_\_

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

1003a. Waste and Debris removed? \_\_\_\_\_

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 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: \_\_\_\_\_

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

| <b>Storm Water:</b> |                 |                         |                       |               |                          |         |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs    | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Waddles             | Pass            |                         |                       |               |                          |         |
| Berms               | Pass            | Compaction              | Pass                  | MHSP          | Pass                     |         |
| Gravel              | Pass            | Gravel                  | Pass                  |               |                          |         |
| Compaction          | Pass            | Culverts                | Pass                  |               |                          |         |

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

Comment: Backside of waddles is filling in with sediment and require maintenance.

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

**Pits:**  NO SURFACE INDICATION OF PIT