

**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:

04/28/2016

Document Number:

685300420

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	214920	325510	St John, William (Cal)	<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
Notor, Lori	505-326-9822	Lori.R.Notor@conocophillips.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Busse, Dollie	505-324-6104	dollie.l.bussie@conocophillips.com	SW Inspection Reports
Hughes, Jim		jimo.hughes@state.co.us	
McDaniel, Heather	505-326-5507	hearther.d.mcdaniel@conocoPhillips.com	SW Inspection Reports

Compliance Summary:QtrQtr: NENW Sec: 4 Twp: 33N Range: 10W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/29/2015	667100529	PR	PR	ACTION REQUIRED	F		No
10/25/2012	669400200	PR	PR	SATISFACTORY	I		No
03/16/2009	200205897	PR	PR	SATISFACTORY			No
01/25/2007	200108073	PR	PR	SATISFACTORY		Pass	No
11/09/2005	200085403	PR	PR	SATISFACTORY		Pass	No
05/04/2004	200057780	PR	PR	SATISFACTORY		Pass	No
09/18/2003	200044777	PR	PR	SATISFACTORY		Pass	No
11/15/2001	200021999	PR	PR	SATISFACTORY		Pass	No
11/15/2001	200021998	PR	PR	SATISFACTORY		Pass	No
10/05/2000	200010927	PR	PR	SATISFACTORY		Pass	No
06/25/1999	500148051	PR	PR			Pass	No
06/25/1999	500148050	ID	SI			Pass	No
11/19/1997	500148049	PR	PR			Pass	No
08/30/1996	500148048	ID	SI			Pass	No
09/23/1994	500148047	ID	SI			Pass	No

Inspector Comment:

This report contains corrective actions. See Spill section of report for additional comments. See link at end of report for path to downloadable pictures.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
214920	WELL	PR	04/05/1999	GW	067-06524	DAVIS GAS UNIT 1	PR	<input checked="" type="checkbox"/>
216535	WELL	AL	09/22/1998	LO	067-08141	ARGENTA 33-10 4-2	AL	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY	NFPA labels are readable but beginning to peel off.		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
Other	Separator	<= 1 bbl	Control and contain spill/release and clean up per Rule 906.a. Contact COGCC EPS staff. Conoco Phillips personnel on location isolating leak.	06/03/2016

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
PIT	SATISFACTORY	Post and Hog Wire		
Equipment:				
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Wellhead			
Corrective Action				Date:
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Cathodic Protection Equipment			
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Telemetry Equipment			
Corrective Action				Date:
Type: Deadman # & Marked	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Flow Line	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Bird Protectors	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Water can with valve set			
Corrective Action				Date:
Type: Other	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	Chemical Tank on secondary containment.			
Corrective Action				Date:
Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<50 BBLS	Open Top	,

Inspector Name: St John, William (Cal)

S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 20 BBLS

Other (Type) _____

Berms

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

Corrective Action		Corrective Date	
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Comment	Lined containment
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	HEATED STEEL AST	,

S/AR	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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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	
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Comment	
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Venting:

Yes/No	NO
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Comment	
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Flaring:

Type		Satisfactory/Action Required	
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Comment:	
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Corrective Action:		Correct Action Date:	
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Predrill

Location ID: 214920

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: 214920 Type: WELL API Number: 067-06524 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Witnessed Braden Head testing. Initial Braden Head pressure reading 0 PSI, Casing 37 PSI, Tubing 28 PSI. Instantaneous Braden Head reading 0 PSI.

CA: _____

CA Date: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: St John, William (Cal)

Comment: <input style="width: 700px;" type="text"/>			
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:			
<input style="width: 300px;" type="text"/>			
Sample Location: <input style="width: 400px;" type="text"/>			
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: <input style="width: 750px;" type="text"/>	
1003a. Waste and Debris removed? <u>Pass</u>	
CM _____	
CA _____	CA Date _____
Unused or unneeded equipment onsite? <u>Pass</u>	
CM _____	
CA _____	CA Date _____
Pit, cellars, rat holes and other bores closed? <u>Pass</u>	
CM _____	
CA _____	CA Date _____
Guy line anchors marked? <u>Pass</u>	
CM _____	
CA _____	CA Date _____
1003b. Area no longer in use? <u>Pass</u>	Production areas stabilized ? <u>Pass</u>
1003c. Compacted areas have been cross ripped? <u>Pass</u>	
1003d. Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u>	
Cuttings management: _____	
1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>In</u>	
Production areas have been stabilized? <u>Pass</u>	Segregated soils have been replaced? <u>Pass</u>
RESTORATION AND REVEGETATION	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____

Inspector Name: St John, William (Cal)

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment: Corrective action satisfactory preformed for previous inspection document number 667100529.

Overall Interim Reclamation In Process

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
Gravel	Pass	Gravel	Pass			
Ditches	Pass	Ditches	Pass			
Rip Rap	Pass			SI	Pass	
Berms	Pass	Check Dams	Pass	MHSP	Pass	
Check Dams	Pass	Compaction	Pass			
Compaction	Pass	Culverts	Pass			

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: BMP's installed corrective action s satisfactory completed from previous inspection document number 667100529.

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
685300438	Spill 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3847826

685300439	Spill 2	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3847827
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