

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: |
| | <u>214920</u> | <u>325510</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 |
| 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@conoco-phillips.com | SW Inspection Reports |

Compliance Summary:

| QtrQtr: <u>NENW</u> | | Sec: <u>4</u> | | Twp: <u>33N</u> | | Range: <u>10W</u> | |
|---------------------|-----------|---------------|-------------|-------------------------------|----------|-------------------|-----------------|
| 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 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

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|--------|------------------------------|---------|-------------------|------|
| Access | SATISFACTORY | | | |

Signs/Marker:

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

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: Other | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | Chemical Tank on secondary containment. | | | |
| 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: | |

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

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

| | |
|---------|-------------------|
| Comment | Lined containment |
|---------|-------------------|

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|------------------|--------|
| PRODUCED WATER | 2 | 400 BBLs | HEATED STEEL AST | , |

| | | | |
|------|--------------|----------|--|
| S/AR | 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 Sufficient | Base Sufficient | Adequate |

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

| | |
|---------|--|
| Comment | |
|---------|--|

Venting:

| | |
|--------|----|
| Yes/No | NO |
|--------|----|

| | |
|---------|--|
| Comment | |
|---------|--|

Flaring:

| Type | Satisfactory/Action Required |
|------|------------------------------|
|------|------------------------------|

| | |
|----------|--|
| Comment: | |
|----------|--|

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

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: _____

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. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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 |
|--------------|---------------------|---|
| 685300420 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3847863 |

| | | |
|-----------|---------|---|
| 685300438 | Spill 1 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3847826 |
| 685300439 | Spill 2 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3847827 |