

**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:  
05/05/2016  
Document Number:  
680400542  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>277440</u> | <u>334170</u> | <u>BROWNING, CHUCK</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |   |
|-----------------------|---|
| OGCC Operator Number: | <u>10453</u>                                      |
| Name of Operator:     | <u>CCI PARADOX UPSTREAM LLC</u>                   |
| Address:              | <u>811 MAIN STREET #3500</u>                      |
| City:                 | <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77002</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         |
|--------------------|----------------|----------------------------|-----------------|
| Schaffner, Chrissy | (303) 906-1257 | chrissy.schaffner@cci.com  |                 |
| Browning, Chuck    | 970-433-4139   | chuck.browning@state.co.us | Field Inspector |

**Compliance Summary:**

QtrQtr: NENE Sec: 36 Twp: 45N Range: 15W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/03/2015 | 680400292 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 04/02/2015 | 674900455 | PR         | EI          | <b>ACTION REQUIRED</b>        |          |                | No              |
| 09/08/2011 | 200320391 | ES         | PR          | SATISFACTORY                  |          |                | No              |
| 02/10/2010 | 200231102 | PR         | PR          | SATISFACTORY                  |          |                | No              |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|-------------------------------------|
| 277440      | WELL | PR     | 08/01/2005  | GW         | 113-06178 | HC STATE 36-14-45-15 | PR          | <input checked="" type="checkbox"/> |
| 278538      | WELL | PR     | 03/13/2006  | GW         | 113-06191 | HC FED 31-11-45-14   | PR          | <input checked="" type="checkbox"/> |
| 278539      | WELL | AL     | 10/27/2006  | LO         | 113-06190 | HC FED 25-43-45-15   | AL          | <input type="checkbox"/>            |
| 278541      | WELL | PR     | 04/20/2015  | GW         | 113-06188 | HC FED 31-21-45-14   | 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                 |         |                   |      |
| Main               | SATISFACTORY                 |         |                   |      |

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

| <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 |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |

| <b>Equipment:</b>                 |     |  |  |       |
|-----------------------------------|-----|--|--|-------|
| Type: Horizontal Heated Separator | # 3 | Satisfactory/Action Required: SATISFACTORY |  |       |
| Comment                           |     |  |  |       |
| Corrective Action                 |     |  |  | Date: |
| Type: Pump Jack                   | # 1 | Satisfactory/Action Required: SATISFACTORY |  |       |
| Comment                           |     |  |  |       |
| Corrective Action                 |     |  |  | Date: |

| <b>Facilities:</b>                |   |                |      |        |
|-----------------------------------|---|----------------|------|--------|
| <input type="checkbox"/> New Tank |   | Tank ID: _____ |      |        |
| Contents                          | # | Capacity       | Type | SE GPS |

|                    |              |                     |                     |                       |  |
|--------------------|--------------|---------------------|---------------------|-----------------------|--|
| PRODUCED WATER     | 4            | 400 BBLs            | STEEL AST           | 38.114335,-108.465720 |  |
| S/AR               | SATISFACTORY |                     | Comment:            |                       |  |
| Corrective Action: |              |                     |                     | Corrective Date:      |  |
| <b>Paint</b>       |              |                     |                     |                       |  |
| Condition          | Adequate     |                     |                     |                       |  |
| Other (Content)    | _____        |                     |                     |                       |  |
| Other (Capacity)   | _____        |                     |                     |                       |  |
| Other (Type)       | _____        |                     |                     |                       |  |
| <b>Berms</b>       |              |                     |                     |                       |  |
| Type               | Capacity     | Permeability (Wall) | Permeability (Base) | Maintenance           |  |
| Metal              | Adequate     | Walls Sufficient    | Base Sufficient     | Adequate              |  |
| Corrective Action  |              |                     |                     | Corrective Date       |  |
| Comment            |              |                     |                     |                       |  |

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

|                    |  |                              |                      |
|--------------------|--|------------------------------|----------------------|
| <b>Flaring:</b>    |  |                              |                      |
| Type               |  | Satisfactory/Action Required |                      |
| Comment:           |  |                              |                      |
| Corrective Action: |  |                              | Correct Action Date: |

**Predrill**

Location ID: 277440

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: 277440 Type: WELL API Number: 113-06178 Status: PR Insp. Status: PR

**Producing Well**

Comment: Pump Jack

Facility ID: 278538 Type: WELL API Number: 113-06191 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

Facility ID: 278541 Type: WELL API Number: 113-06188 Status: PR Insp. Status: PR

**Producing Well**

Comment: Plunger lift

**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? \_\_\_\_\_ 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? Pass 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? \_\_\_\_\_ 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: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

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

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   |
|--------------|---------------------|---|
| 680400542    | INSPECTION APPROVED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3850264">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3850264</a> |