

**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:

08/26/2016

Document Number:

685301230

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                        |                          |             |
|---------------------|-------------|--------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | 260149      | 326628 | 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 |
| Busse, Dollie    | 505-324-6104 | dollie.l.busse@conocophillips.com | SW Inspection Reports |
| Labowskie, Steve |              | steve.labowskie@state.co.us       | COGCC                 |
| Roberts, Kelly   | 505-326-9775 | Kelly.Roberts@conocophillips.com  | SW Inspection Reports |

**Compliance Summary:**

| QtrQtr:    | NWSW      | Sec:       | 20          | Twp:                          | 33N      | Range:         | 9W              |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 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 | 674600105 | PR         | PR          | SATISFACTORY                  | Pass     |                | No              |
| 04/11/2006 | 200092730 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 11/04/2004 | 200066026 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 02/24/2004 | 200052854 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 08/20/2003 | 200044690 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 10/18/2001 | 200021958 | CO         | WO          | ACTION REQUIRED               |          | Fail           | Yes             |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type         | Status | Status Date | Well Class | API Num   | Facility Name                     | Insp Status |                                     |
|-------------|--------------|--------|-------------|------------|-----------|-----------------------------------|-------------|-------------------------------------|
| 260149      | WELL         | PR     | 08/31/2002  | GW         | 067-08485 | COYOTE CANYON 33-9 20-3           | PR          | <input checked="" type="checkbox"/> |
| 446362      | TANK BATTERY | AC     | 06/27/2016  |            | -         | COYOTE CANYON 33-9 -N33N9W 20NWSW | AC          | <input type="checkbox"/>            |

**Equipment:****Location Inventory**

Inspector Name: St John, William (Cal)

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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: _____       |

|                 |
|-----------------|
| <b>Location</b> |
|-----------------|

|                    |                              |                           |                   |      |
|--------------------|------------------------------|---------------------------|-------------------|------|
| <b>Lease Road:</b> |                              |                           |                   |      |
| Type               | Satisfactory/Action Required | comment                   | Corrective Action | Date |
| Access             | SATISFACTORY                 | Rutted by seasonal rains. |                   |      |

|                      |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| <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>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 |
| TANK BATTERY     | SATISFACTORY                 | Post and Hog Wire.         |                   |         |
| PUMP JACK        | SATISFACTORY                 | Safety Rails and Hog Wire. |                   |         |

|                           |                                    |                               |              |       |
|---------------------------|------------------------------------|-------------------------------|--------------|-------|
| <b>Equipment:</b>         |                                    |                               |              |       |
| Type: Other               | # 1                                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | Water Transfer Pump and Equipment. |                               |              |       |
| Corrective Action         |                                    |                               |              | Date: |
| Type: Ancillary equipment | # 1                                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   | Wellhead                           |                               |              |       |
| Corrective Action         |                                    |                               |              | Date: |
| Type: Pump Jack           | # 1                                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                   |                                    |                               |              |       |
| Corrective Action         |                                    |                               |              | Date: |
| Type: Ancillary equipment | # 1                                | Satisfactory/Action Required: | SATISFACTORY |       |

Inspector Name: St John, William (Cal)

|                                 |  |                               |              |
|---------------------------------|--|-------------------------------|--------------|
| Comment                         | Telemetry Equipment  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Other                     | # 1  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         | Cathodic Protection Equipment  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Gas Meter Run             | # 1  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         |  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Bird Protectors           | # 2  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         |  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Ancillary equipment       | # 1  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         | Lube Oil Tank. Berm around bottom of tank need to be repaired as they are walked down. |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Prime Mover               | # 1  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         | Natural Gas Motor  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Flow Line                 | # 1  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         |  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Deadman # & Marked        | # 4  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         |  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Other                     | # 1  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         | Riser and Valve Set  |                               |              |
| Corrective Action               |  |                               | Date:        |
| Type: Vertical Heated Separator | # 1  | Satisfactory/Action Required: | SATISFACTORY |
| Comment                         |  |                               |              |
| Corrective Action               |  |                               | Date:        |

**Tanks and Berms:** ☐ New Tank Tank ID: \_\_\_\_\_

|                    |              |          |                  |                  |
|--------------------|--------------|----------|------------------|------------------|
| Contents           | #            | Capacity | Type             | SE GPS           |
| PRODUCED WATER     | 1            | OTHER    | HEATED STEEL AST | ,                |
| S/AR               | SATISFACTORY |          | Comment:         |                  |
| Corrective Action: |              |          |                  | Corrective Date: |

Paint

|                  |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  | _____    |
| Other (Capacity) | 286 BBLS |
| Other (Type)     | _____    |

Inspector Name: St John, William (Cal)

|                   |          |                     |                     |                 |  |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| <b>Berms</b>      |          |                     |                     |                 |  |
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |  |
| Earth             | Adequate | Walls Sufficent     | 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: 260149

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: 260149 Type: WELL API Number: 067-08485 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**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? \_\_\_\_\_

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: \_\_\_\_\_

Inspector Name: St John, William (Cal)

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            | Compaction              | Pass                  | Material Handling And Spill Prevention | Pass                     |         |
| Compaction       | Pass            |                         |                       |  |                          |         |

S/A/V: SATISFACTORY

Corrective Date: \_\_\_\_\_

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT