

**FORM  
INSP**

Rev  
X/15

**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:  
01/31/2017  
Submitted Date:  
01/31/2017  
Document Number:  
680401125

**FIELD INSPECTION FORM**

Loc ID 334216 Inspector Name: BROWNING, CHUCK On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Operator Information:**

OGCC Operator Number: 10453  
Name of Operator: CCI PARADOX UPSTREAM LLC  
Address: 811 MAIN STREET #3500  
City: HOUSTON State: TX Zip: 77002

**Findings:**

4 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Schaffner, Chrissy	(303) 906-1257	chrissy.schaffner@cci.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
287923	WELL	PR	05/21/2015	GW	113-06225	ANDY'S MESA FED 64	PR

**General Comment:**

*(This area is intentionally left blank for general comments.)*

**Location**

<b>Lease Road:</b>			
	Type	Access	
	comment:		
	Corrective Action		Date:
	Type	Main	
	comment:		
	Corrective Action		Date:

Overall Good:

<b>Signs/Marker:</b>			
	Type	TANK LABELS/PLACARDS	
	Comment:		
	Corrective Action:		Date:
	Type	WELLHEAD	
	Comment:		
	Corrective Action:		Date:

Emergency Contact Number:

Comment:	<input style="width: 95%;" type="text"/>	
Corrective Action:	<input style="width: 95%;" type="text"/>	Date: _____

Overall Good:

<b>Spills:</b>				
Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
	Type	SEPARATOR	
	Comment:	Pipe fence around seperator	
	Corrective Action:		Date:
	Type	WELLHEAD	
	Comment:	Panel fence around wellhead	
	Corrective Action:		Date:

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:

Type: Gas Meter Run	# 1	
Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	300 BBLs	STEEL AST		38.042523,-108.644152
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	100 BBLs	STEEL AST		38.042165,-108.644490
Comment:					
Corrective Action:					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
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO	
Comment:		
Corrective Action:		
		Date:

**Flaring:**

Type	
Comment:	

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 287923 Type: WELL API Number: 113-06225 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Plunger lift](#)

Corrective Action:

Date: