

**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:
680401129

FIELD INSPECTION FORM

Loc ID 334243 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
288547	WELL	PR	03/27/2007	GW	113-06227	HC STATE 36-23X-45-15	PR

General Comment:

Equipment inspection only

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:

Overall Good:

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

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Panel fence around wellhead		
Corrective Action:			Date:

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1	300 BBLS	STEEL AST		38.111258,-108.474008	
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:	

Venting:					
Yes/No	NO				
Comment:					
Corrective Action:				Date:	

Flaring:					
Type					
Comment:					
Corrective Action:				Date:	

Inspected Facilities

Facility ID: 288547 Type: WELL API Number: 113-06227 Status: PR Insp. Status: PR

Producing Well

Comment: [Plunger lift](#)

Corrective Action:

Date: