

**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:

08/21/2017

Submitted Date:

08/21/2017

Document Number:

680401782**FIELD INSPECTION FORM**

Loc ID 313074 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10133Name of Operator: HILCORP ENERGY COMPANYAddress: P O BOX 61229City: HOUSTON State: TX Zip: 77208**Status Summary:**

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

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|----------------|----------------------------|---------------------------------|
| Fillpot, Greg | (307) 299-3829 | gfillpot@hilcorp.com | All Inspections |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 223522 | WELL | IJ | 08/26/2014 | DSPW | 081-06889 | HIAWATHA B-2 | AC |

General Comment:[UIC-5 yr MIT.](#)

Location

| | | | |
|--------------------|--------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | L | Date: | |
| Type | Main | | |
| comment: | | | |
| Corrective Action | L | Date: | |

Overall Good: ☒

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

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

| | | | | |
|--|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |
| In Containment: No | | | | |
| Comment: <input type="text"/> | | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | |
|--------------------|-------------------------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Wellhead inside housing | | |
| Corrective Action: | | Date: | |

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

| | |
|-----------------|--|
| Flaring: | |
| Type | |
| Comment: | |

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

Inspected FacilitiesFacility ID: 223522 Type: WELL API Number: 081-06889 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: LWIS

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 08/31/2012

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: -10 Csg psi: 500 BH psi: 0Insp. Status: Pass

Comment: UIC-5 yr MIT.
Pressure well to 500 psi. Hold for 15 min. Final pressure 500 psi. -0 psi loss. OK
Test witnessed by COGCC using gauges on pump truck.

Corrective Action: _____ Date: _____