

**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:

08/29/2017

Submitted Date:

09/05/2017

Document Number:

688300142**FIELD INSPECTION FORM**

Loc ID 449920 Inspector Name: Sherman, Susan On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10625Name of Operator: HIGHLANDS NATURAL RESOURCES CORPORATIONAddress: 2401 EAST 2ND AVENUE SUITE 150City: DENVER State: CO Zip: 80206**Status Summary:**

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

Findings:11 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Anderson, Eric	(303) 798-0356	eric.anderson@highlandsnr.com	Principal Agent/Land Manager
Mendell, Paul	(303) 495-4138	paul.mendell@highlandsnr.com	Designated Agent/Geologist
Price, Robert	(918) 361-7000	robert.price@highlandsnr.com	Designated Agent/President
Miller, Stephen	(361) 230-9375	stephen.miller@highlandsnr.com	Designated Agent/Engineer

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
449921	WELL	DG	08/09/2017		005-07267	WILDHORSE 5-64 15-16-1BHZ	DG
449923	WELL	DG	08/09/2017		005-07269	POWELL 5-64 15-16-1CHZ	DG
451741	SPILL OR RELEASE	AC	08/16/2017		-	Wellhead	DG

General Comment:

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment: 361-230-9375

Corrective Action:

Date: _____

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Flare	# 1		
Comment:	emergency pipe flare		
Corrective Action:		Date:	

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 449921 Type: WELL API Number: 005-07267 Status: DG Insp. Status: DG

Facility ID: 449923 Type: WELL API Number: 005-07269 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: True Rig 33 Pusher/Rig Manager: Domingo Mata
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
 Pressure Test BOP: _____ Test Pressure PSI: 2650 Safety Plan: YES

Drill Fluids Management:

Lined Pit: NO Unlined Pit: NO Closed Loop: YES Semi-Closed Loop: NO
 Multi-Well: YES Disposal Location: Offsite commercial

Comment: Powell
Production casing TD 18230', bottom hole temp 190 degrees F. Low test pressure 500
psi. No flaring occurred during bottom hole circulation.
Wildhorse 9/1/2017
BOP data is for Wildhorse

Corrective Action: _____ Date: _____

Cement**Cement Contractor**

Contractor Name: Halliburton Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____ Circulate to Surface: YES
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): 2625 Good Return During Job: YES

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____
 Good Return During Job: _____ Cement Type: _____

Comment: Cement weights were checked on every tier with a mud scale by cementer.

Corrective Action: _____ Date: _____

Facility ID: 451741 Type: SPILL OR API Number: - Status: AC Insp. Status: DG

Well Drilling

Rig: Rig Name: True Rig 33 Pusher/Rig Manager: _____
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____

Multi-Well: _____ Disposal Location: _____

Comment: TD 18230'. BH 190 degrees. Well circulated 3 times. No flaring occurred.

Corrective Action: _____ Date: _____

CementCement ContractorContractor Name: Halliburton

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production CasingCement Volume (sx): 2625Good Return During Job: YESPlugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: 1520 sxs tail, 740 sxs lead cement. Mud scales were to be used on every tier per procedure, in addition to PPG computer charting. Safety meeting held before cement job.

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Check Dams	Pass					

Comment: [Rock check dams were added and existing check dams were maintained.](#)

Corrective Action:

Date: _____

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
688300143	Highlands Powell Production Cementing	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4244300