

**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:

09/21/2017

Submitted Date:

09/22/2017

Document Number:

680401937

FIELD INSPECTION FORM

Loc ID 334170 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: PARADOX UPSTREAM LLC
Address: 600 TRAVIS STREET SUITE 300
City: HOUSTON State: TX Zip: 77002

Findings:

- 6 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Snow, Karl	435-631-2207	karls@paradoxresources.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Nowak, Scott		scottn@bogresources.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
277440	WELL	PR	08/01/2005	GW	113-06178	HC STATE 36-14-45-15	PR
278538	WELL	PR	03/13/2006	GW	113-06191	HC FED 31-11-45-14	PR
278541	WELL	PR	04/20/2015	GW	113-06188	HC FED 31-21-45-14	PR

General Comment:

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:
Type	BATTERY		
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		
Corrective Action:			Date:

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 3		
Comment:			
Corrective Action:			Date:

Type: Horizontal Heated Separator	# 3	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	4	400 BBLs	STEEL AST		38.114353,-108.465717
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: <u>277440</u>	Type: <u>WELL</u>	API Number: <u>113-06178</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
<u>Producing Well</u>			
Comment:	<u>Plunger lift</u>		
Corrective Action:		Date:	
Facility ID: <u>278538</u>	Type: <u>WELL</u>	API Number: <u>113-06191</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
<u>Producing Well</u>			
Comment:	<u>Plunger lift</u>		
Corrective Action:		Date:	
Facility ID: <u>278541</u>	Type: <u>WELL</u>	API Number: <u>113-06188</u>	Status: <u>PR</u> Insp. Status: <u>PR</u>
<u>Producing Well</u>			
Comment:	<u>Flowing</u>		
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
Berms	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT