

**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:

680401945

**FIELD INSPECTION FORM**

Loc ID 316864 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	
Nowak, Scott		scottn@bogresources.com	<a href="#">All Inspections</a>
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	<a href="#">Field Inspector</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
285042	WELL	SI	08/01/2017	GW	113-06217	HC FED 25-44-45-15	SI

**General Comment:**

Empty text area 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	WELLHEAD		
Comment:			
Corrective Action:			Date:
Type	OTHER		
Comment:	<a href="#">Sign on meter housing</a>		
Corrective Action:			Date:
Type	TANK LABELS/PLACARDS		
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	WELLHEAD		
Comment:	<a href="#">Panel fence</a>		
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: Flow Line	# 1	
Comment:	1 -3" risers next to seperators. Locked out/Tagged out.	
Corrective Action:		Date:
Type: Gas Meter Run	# 1	
Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLs	STEEL AST		38.118754,-108.465501
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

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

**Venting:**

Yes/No	NO
Comment:	
Corrective Action:	Date:

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 285042 Type: WELL API Number: 113-06217 Status: SI Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment:

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
Gravel	Pass	Compaction	Pass			
Berms	Pass	Gravel	Pass	Self Inspection	Pass	

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT