

**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:

680401947**FIELD INSPECTION FORM**Loc ID 316873 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10453Name of Operator: PARADOX UPSTREAM LLCAddress: 600 TRAVIS STREET SUITE 300City: HOUSTON State: TX Zip: 77002**Status Summary:**

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

Findings:8 Number of Comments0 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
Snow, Karl	435-631-2207	karls@paradoxresources.com	
Nowak, Scott		scottn@bogresources.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
288560	WELL	PR	04/20/2015	GW	113-06229	HC BRAY 30-11-45-14	PR

General Comment:

Location**Lease Road:**

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

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	OTHER		
Comment:	Sign on meter housing		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
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:	
Type	LOCATION		
Comment:	Barb wire		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	Pipe barricade		
Corrective Action:		Date:	

Equipment:				corrective date	
Type: Gas Meter Run	# 1				
Comment:					
Corrective Action:				Date:	
Type: Deadman # & Marked	# 4				
Comment:					
Corrective Action:				Date:	
Type: Flow Line	#				
Comment:	1 -3" risers next to seperators. Locked out/Tagged out.				
Corrective Action:				Date:	
Type: Horizontal Heated Separator	# 1				
Comment:					
Corrective Action:				Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	400 BBLs	STEEL AST		38.129233,-108.461578	
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:	288560	Type:	WELL	API Number:	113-06229	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Plunger lift								
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	
Gravel	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT