

**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:

10/12/2017

Submitted Date:

10/14/2017

Document Number:

688300483**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:**8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
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
Anderson, Eric	(303) 798-0356	eric.anderson@highlandsnr.com	Principal Agent/Land Manager

**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	WO
449923	WELL	DG	08/09/2017		005-07269	POWELL 5-64 15-16-1CHZ	WO
451741	SPILL OR RELEASE	AC	08/16/2017		-	Wellhead	AC

**General Comment:**

**Location**Overall Good: ☒**Signs/Marker:**

Type	OTHER		
Comment:	sign at gate		
Corrective Action:		Date:	

**Emergency Contact Number:**

Comment:		
Corrective Action:		Date: _____

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**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: WO

**Well Stimulation**

Stimulation Company: Halliburton

Stimulation Type: OTHER

**Observation:**

Other: Hybrid

Maximum Casing Recorded: 8428 PSI

Tubing: \_\_\_\_\_

Surface: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Production: \_\_\_\_\_

Instantaneous Shut-In Pressure (ISIP) 3538

Bradenhead Psi: \_\_\_\_\_

Frac Flow Back: \_\_\_\_\_

Fluid: \_\_\_\_\_

Gas: \_\_\_\_\_

Comment: Stage 51

Corrective Action: \_\_\_\_\_

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

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

**Well Stimulation**

Stimulation Company: Halliburton

Stimulation Type: OTHER

**Observation:**

Other: Hybrid

Maximum Casing Recorded: 8691 PSI

Tubing: \_\_\_\_\_

Surface: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Production: \_\_\_\_\_

Instantaneous Shut-In Pressure (ISIP) 3398

Bradenhead Psi: \_\_\_\_\_

Frac Flow Back: \_\_\_\_\_

Fluid: \_\_\_\_\_

Gas: \_\_\_\_\_

Comment: Stage 52

Corrective Action: \_\_\_\_\_

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

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

**Well Stimulation**

Stimulation Company: Halliburton

Stimulation Type: OTHER

**Observation:**

Other: Hybrid

Maximum Casing Recorded: \_\_\_\_\_ PSI

Tubing: \_\_\_\_\_

Surface: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Production: \_\_\_\_\_

Instantaneous Shut-In Pressure (ISIP) \_\_\_\_\_

Bradenhead Psi: \_\_\_\_\_

Frac Flow Back: \_\_\_\_\_

Fluid: \_\_\_\_\_

Gas: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

**BradenHead**Comment: Powell 8 psi  
Wildhorse -3 psi

Corrective Action: \_\_\_\_\_

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