

**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:

12/05/2017

Submitted Date:

12/06/2017

Document Number:

680402255**FIELD INSPECTION FORM**

Loc ID 316846 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10453Name of Operator: PARADOX UPSTREAM LLCAddress: PO BOX 220City: NATURITA State: CO Zip: 81422**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**8 Number of Comments2 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 |
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Nowak, Scott | | scottn@bogresources.com | All Inspections |
| Leonard, Mike | | mike.leonard@state.co.us | |
| Snow, Karl | 435-631-2207 | karls@paradoxresources.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 271882 | WELL | PR | 06/01/2017 | GW | 113-06145 | FOSSIS FEDERAL 4-13 | SI |

General Comment:

Location

| | | | |
|--------------------|--------|-------|--|
| Lease Road: | | | |
| Type | Main | | |
| comment: | | | |
| Corrective Action | | Date: | |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | Date: | |

Overall Good: ☒

| | | | |
|----------------------|-----------------------------------|-------|--|
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | OTHER | | |
| Comment: | H2S warning at location entrance. | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Sign on meter housing | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

| | | | |
|--------------------|--|-------|------------|
| Type | UNUSED EQUIPMENT | | |
| Comment: | Flowline risers not LO/TO or marked are considered unused equipment. Unused/unmarked 2" flowline riser at SW corner of separator pad. | | |
| Corrective Action: | Comply with Rule 603.f . For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser. | Date: | 01/06/2018 |
| Type | WEEDS | | |
| Comment: | Weeds in/around tank berms. | | |
| Corrective Action: | Comply with Rule 603.f . | Date: | 12/20/2017 |

Overall Good: ☒

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|---------------------|-----|--|-----------------|
| Equipment: | | | corrective date |
| Type: Gas Meter Run | # 1 | | |

| | | | |
|-----------------------------------|-----|-------|--|
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | | |
|--------------------|---|----------|-----------|---------|-----------------------|-------|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| CONDENSATE | 1 | 100 BBLS | STEEL AST | | 38.073261,-108.696525 | |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |

Paint

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

Berms

| | | | | |
|--------------------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficent | Base Sufficent | Adequate |
| Comment: | | | | |
| Corrective Action: | | | | |

| | | | | | | |
|--------------------|---|----------|-----------|---------|-----------------------|-------|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| PRODUCED WATER | 1 | 400 BBLS | STEEL AST | | 38.073261,-108.696525 | |
| Comment: | | | | | | |
| Corrective Action: | | | | | | Date: |

Paint

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

Berms

| | | | | |
|--------------------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficent | Base Sufficent | Adequate |
| Comment: | | | | |
| Corrective Action: | | | | |

| | | | | | | |
|----------|---|----------|------------------|---------|-----------------------|--|
| Contents | # | Capacity | Type | Tank ID | SE GPS | |
| OTHER | 1 | 200 BBLS | HEATED STEEL AST | | 38.073808,-108.696992 | |
| Comment: | | | | | | |

| | | | |
|--------------------|--------------------|---------------------|-------------|
| Corrective Action: | | Date: | |
| Paint | | | |
| Condition | Adequate | | |
| Other (Content) | Fresh Water | | |
| Other (Capacity) | | | |
| Other (Type) | | | |
| Berms | | | |
| Type | Capacity | Permeability (Wall) | Maintenance |
| | | | |
| Comment: | No berms required. | | |
| Corrective Action: | Date: | | |
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | Date: | | |
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | Date: | | |

| Inspected Facilities | | | | | | | | | |
|--|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 271882 | Type: | WELL | API Number: | 113-06145 | Status: | PR | Insp. Status: | SI |
| Idle Well | | | | | | | | | |
| Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____ | | | | | | | | | |
| Comment: <input type="text" value="Well shut in 9/2017."/> | | | | | | | | | |
| Corrective Action: <input type="text"/> 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 | | | |

Comment: 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 |
|--------------|-----------------------------|---|
| 401478640 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4319694 |
| 680402265 | Inspection photos 12/5/2017 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4319690 |