

**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:

05/09/2018

Submitted Date:

05/22/2018

Document Number:

688301820**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: 220 JOSEPHINE STREETCity: DENVER State: CO Zip: 80206**Status Summary:**

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

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|----------------|--------------------------------|------------------------------|
| Anderson, Eric | (303) 798-0356 | eric.anderson@highlandsnr.com | Principal Agent/Land Manager |
| Miller, Stephen | (361) 230-9375 | stephen.miller@highlandsnr.com | Designated Agent/Engineer |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|
| 454165 | WELL | DG | 05/01/2018 | | 005-07341 | Grizzly 5-64 15-16-1CHZ | DG |

General Comment:Surface Cementing Inspection

Inspected FacilitiesFacility ID: 454165 Type: WELL API Number: 005-07341 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: True Rig 33 Pusher/Rig Manager: Danny W
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: NO Unlined Pit: NO Closed Loop: NO Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: Commercial

Comment: Surface TD 2152, pipe 2142

Corrective Action: _____ Date: _____

Cement**Cement Contractor**

Contractor Name: Halliburton Contractor Phone: _____

Surface Casing

Cement Volume (sx): 775 Circulate to Surface: YES
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____
 Good Return During Job: _____ Cement Type: _____

Comment: Lead cement, 12 ppg, 8 bpm, 194 psi
Diesel spacer, 13.3 ppg, 8 bpm, 237 psi

Corrective Action: _____ Date: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|------------------------------------|---|
| 688301859 | Highlands Grizzley 5-64 15-16 1CHZ | http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4470086 |