

FORM
INSPRev
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:

04/03/2019

Submitted Date:

04/03/2019

Document Number:

687904439

FIELD INSPECTION FORM

Loc ID 306992 Inspector Name: Stewart, Joseph 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: 10133
 Name of Operator: HILCORP ENERGY COMPANY
 Address: P O BOX 61229
 City: HOUSTON State: TX Zip: 77208

Findings:

7 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
 PREVIOUS INSPECTIONS THAT HAVE NOT
 BEEN ADDRESSED ARE STILL APPLICABLE**

Contact Information:

Contact Name	Phone	Email	Comment
Labowskie, Steve		steve.labowskie@state.co.us	
Ray, Mandi	505-324-5122	mray@hilcorp.com	
Shorty, Priscilla		pshorty@hilcorp.com	
Roland, Kandis		kroland@hilcorp.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
290877	WELL	PR	02/01/2011	GW	067-09374	ARGENTA 34-10 34-1A	PR

General Comment:

Conducted location inspection as required.

Location

Lease Road:

	Type Access		
comment:	Gravel road and clay dirt road for a few miles off of county road.		
Corrective ActionL			Date:

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:	Framed metal sign attached to wellhead gaurd.		
Corrective Action:			Date:

Emergency Contact Number:

Comment:	(505) 324-5170		
Corrective Action:			Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

			corrective date
Type: Bird Protectors	# 1		
Comment:	On separator stack.		
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Wellhead with PVC bradenhead access.		
Corrective Action:			Date:
Type: Vertical Heated Separator	# 1		
Comment:			
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 290877 Type: WELL API Number: 067-09374 Status: PR Insp. Status: PR

Producing Well

Comment: [Producing.](#)

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
Compaction	Pass	Compaction	Pass			
Ditches	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT