

**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:

05/27/2020

Submitted Date:

05/28/2020

Document Number:

693801868**FIELD INSPECTION FORM**Loc ID 334284 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10453Name of Operator: PARADOX UPSTREAM LLCAddress: 500 DALLAS ST SUITE #1650City: HOUSTON State: TX Zip: 77002**Status Summary:**

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

**Findings:**7 Number of Comments0 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         |
|------------------|--------------|-----------------------------|-----------------|
| Hankins, Neil    | 970-428-2742 | davidh@paradoxresources.com |                 |
| Miller, Mandy    | 970-739-3786 | mandym@paradoxresources.com |                 |
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us  | Field Inspector |
| Labowskie, Steve |              | steve.labowskie@state.co.us |                 |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name          | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|
| 263266      | WELL | TA     | 09/14/2015  | GW         | 113-06098 | ANDY'S MESA FEDERAL 26 | SI          |
| 265331      | WELL | PR     | 02/01/2020  | GW         | 113-06117 | ANDY'S MESA FEDERAL 33 | PR          |

**General Comment:**

MIT to maintain SI/TA status.

## 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               | TANK LABELS/PLACARDS |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |

**Emergency Contact Number:**

Comment: 435-587-2237 or 911

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: |  |

**Equipment:**

|                       |     |       |                 |
|-----------------------|-----|-------|-----------------|
|                       |     |       | corrective date |
| Type: Plunger Lift    | # 1 |       |                 |
| Comment:              |     |       |                 |
| Corrective Action:    |     | Date: |                 |
| Type: Bird Protectors | # 2 |       |                 |
| Comment:              |     |       |                 |
| Corrective Action:    |     | Date: |                 |
| Type: Bradenhead      | # 2 |       |                 |
| Comment:              |     |       |                 |
| Corrective Action:    |     | Date: |                 |

|                                   |     |  |       |
|-----------------------------------|-----|--|-------|
| Type: Horizontal Heated Separator | # 2 |  |       |
| Comment:                          |     |  |       |
| Corrective Action:                |     |  | Date: |
| Type: Gas Meter Run               | # 2 |  |       |
| Comment:                          |     |  |       |
| Corrective Action:                |     |  | Date: |
| Type: Deadman # & Marked          | # 4 |  |       |
| Comment:                          |     |  |       |
| Corrective Action:                |     |  | Date: |

**Tanks and Berms:**

|                    |  |          |           |         |                       |  |
|--------------------|--|----------|-----------|---------|-----------------------|--|
| Contents           | #  | Capacity | Type      | Tank ID | SE GPS                |  |
| PRODUCED WATER     | 2  | 400 BBLs | STEEL AST |         | 38.038175,-108.633177 |  |
| Comment:           | 1-80 bbl condensate tank inside same berms |          |           |         |                       |  |
| Corrective Action: |  |          |           |         | Date:                 |  |

**Paint**

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

**Berms**

|                    |          |                     |                     |             |
|--------------------|----------|---------------------|---------------------|-------------|
| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth              | 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: 263266 Type: WELL API Number: 113-06098 Status: TA Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: MIT to maintain SI/TA status.  
Pressured casing to 410 psi. Hold for 15 min. Final pressure 410 psi. -0 psi loss. OK  
Test witnessed by COGCC using gauge on wellhead. No chart recorder.

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

Facility ID: 265331 Type: WELL API Number: 113-06117 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                  |               |                          |         |

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   |
|--------------|-----------------------------|---|
| 693801873    | Inspection photos 5/27/2020 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5160627">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5160627</a> |