

**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:

05/21/2020

Submitted Date:

05/29/2020

Document Number:

689804203**FIELD INSPECTION FORM**Loc ID 313128 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10133Name of Operator: HILCORP ENERGY COMPANYAddress: P O BOX 61229City: HOUSTON State: TX Zip: 77208**Status Summary:**

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

Findings:4 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
Fillpot, Greg	(307) 299-3829	gfillpot@hilcorp.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
258826	WELL	PR	10/25/2000	GW	081-07032	VAN SCHAICK 5	PR

General Comment:[Routine FIU inspection.](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 713-209-2400

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Bird Protectors	#		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:			
Corrective Action:		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	2	400 BBLs	HEATED STEEL AST		,	

Comment:						
Corrective Action:					Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate			Adequate		
Comment:						
Corrective Action:					Date:	

Venting:

Yes/No	NO			
Comment:				
Corrective Action:			Date:	

Flaring:

Type				
Comment:				
Corrective Action:			Date:	

Inspected Facilities									
Facility ID:	258826	Type:	WELL	API Number:	081-07032	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
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

Comment: No apparent soil migration; erosion or soil movement.

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT