

**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:

07/23/2020

Submitted Date:

07/24/2020

Document Number:

693802347**FIELD INSPECTION FORM**Loc ID 326342 Inspector Name: BROWNING, CHUCK 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:10 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 |
|-------------------|--------------|-----------------------------|--------------------|
| McClure, Donnie | 505469-5479 | dmcclure@hilcorp.com | SWD Operator |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Koehler, Bob | | bob.koehler@state.co.us | |
| Shorty, Priscilla | | pshorty@hilcorp.com | All SW Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 216266 | WELL | IJ | 09/17/1992 | DSPW | 067-07872 | DCS 1 | AC |

General Comment:

Routine UIC inspection. Injection well inspection only.

Location

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

Overall Good: ☒

| | | | |
|----------------------|-----------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Sign on housing | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment: 505-324-5170 or 911

Corrective Action:

Date: _____

Overall Good: ☒

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

In Containment: No

Comment:

☐ Multiple Spills and Releases?

| | | | |
|--------------------|-------------------------------------|-------|--|
| Fencing/: | | | |
| Type | LOCATION | | |
| Comment: | Chain link | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | Panel fence with cement barricades. | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|-----------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Prime Mover | # 2 | | |
| Comment: | Pumps inside housings | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|----------------|---|----------|------------------|---------|-----------------------|
| PRODUCED WATER | 8 | 500 BBLS | HEATED STEEL AST | | 37.235061,-107.743700 |

| | | |
|--------------------|--|-------|
| 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: | | | | Date: |

Venting:

| | | |
|--------------------|----|-------|
| Yes/No | NO | |
| Comment: | | |
| Corrective Action: | | Date: |

Flaring:

| | | |
|--------------------|--|-------|
| Type | | |
| Comment: | | |
| Corrective Action: | | Date: |

Inspected FacilitiesFacility ID: 216266 Type: WELL API Number: 067-07872 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1144 Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: PNLK

TC: Pressure or inches of Hg 1 Previous Test Pressure _____ Last MIT: 04/10/2019

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC inspection. Injection well inspection only. Active injection at time of inspection. Casing blowdown 0 sec.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | 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 |
|--------------|-----------------------------|---|
| 693802357 | Inspection photos 7/23/2020 | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5204308 |