

**FORM  
INSP**

Rev  
X/20

**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:

06/21/2023

Submitted Date:

06/22/2023

Document Number:

712700319

**FIELD INSPECTION FORM**

Loc ID 326496 Inspector Name: Pattillo, Curtis On-Site Inspection  2A Doc Num: \_\_\_\_\_

**Operator Information:**

OGCC Operator Number: 10133  
Name of Operator: HILCORP ENERGY COMPANY  
Address: P O BOX 61229  
City: HOUSTON State: TX Zip: 77208

**Status Summary:**

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

**Findings:**

12 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                            |
|------------------|-------|---------------------------------------|------------------------------------|
| , General        |       | FarmingtonRegulatoryTechs@hilcorp.com | <a href="#">All SW Inspections</a> |
| Labowskie, Steve |       | steve.labowskie@state.co.us           |                                    |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 89098       | WELL | PR     | 06/07/2001  | CBM        | 067-08202 | HUBER-LALONDE 4-31 | PR          |

**General Comment:**

[SW Compliance Specialist Curtis Pattillo conducted a field inspection of the access road and well location.](#)

| <b>Location</b>  |   |        |  |
|--|---|--------|--|
| Overall Good: <input checked="" type="checkbox"/>      |   |        |  |
| <b>Signs/Marker:</b>                                   |   |        |  |
| Type   | WELLHEAD  |        |  |
| Comment:   |   |        |  |
| Corrective Action:                                     |   |        | Date:  |
| Emergency Contact Number:                              |   |        |  |
| Comment:   | Present   |        | Date: _____  |
| Corrective Action:                                     |   |        |  |
| <b>Good Housekeeping:</b>                              |   |        |  |
| Type   | WEEDS   |        |  |
| Comment:   | Sporadic musk thistle around the edge of the well location. |        |  |
| Corrective Action:                                     |   |        | Date:  |
| Overall Good: <input checked="" type="checkbox"/>      |   |        |  |
| <b>Spills:</b>   |   |        |  |
| Type   | Area  | Volume |  |
| In Containment: No                                     |   |        |  |
| Comment:   |   |        |  |
| <input type="checkbox"/> Multiple Spills and Releases? |   |        |  |
| <b>Fencing/:</b>                                       |   |        |  |
| Type   | PUMP JACK   |        |  |
| Comment:   | Metal mesh, sound abatement walls.                          |        |  |
| Corrective Action:                                     |   |        | Date:  |
| Type   | WELLHEAD  |        |  |
| Comment:   | Cattle panel  |        |  |
| Corrective Action:                                     |   |        | Date:  |
| <b>Equipment:</b>                                      |   |        |  |
| Type: Deadman # & Marked                               |   |        | # 4  |
| Comment:   |   |        |  |
| Corrective Action:                                     |   |        | Date:  |
| Type: Gas Meter Run                                    |   |        | # 1  |
| Comment:   |   |        | 3" line from separator to meter. Meterhouse and separator housed together.   |
| Corrective Action:                                     |   |        | Date:  |
| Type: Flow Line  |   |        | # 2  |
| Comment:   |   |        | 3" line from wellhead to separator.<br>1" line from wellhead to prime mover. |
| Corrective Action:                                     |   |        | Date:  |
| Type: Prime Mover                                      |   |        | # 1  |
| Comment:   |   |        | Natural gas motor  |
| Corrective Action:                                     |   |        | Date:  |

|                                 |  |  |       |
|---------------------------------|--|--|-------|
| Type: Ancillary equipment       | # 1  |  |       |
| Comment:                        | Wellhead                                       |  |       |
| Corrective Action:              |  |  | Date: |
| Type: Bradenhead                | # 1  |  |       |
| Comment:                        |  |  |       |
| Corrective Action:              |  |  | Date: |
| Type: Bird Protectors           | # 1  |  |       |
| Comment:                        |  |  |       |
| Corrective Action:              |  |  | Date: |
| Type: Vertical Heated Separator | # 1  |  |       |
| Comment:                        |  |  |       |
| Corrective Action:              |  |  | Date: |
| Type: Pump Jack                 | # 1  |  |       |
| Comment:                        |  |  |       |
| Corrective Action:              |  |  | Date: |
| Type: Gathering Line            | # 2  |  |       |
| Comment:                        | 3" line labeled gas.<br>4" line labeled water. |  |       |
| Corrective Action:              |  |  | Date: |

**Venting:**

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

**Flaring:**

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

**Inspected Facilities**

Facility ID: 89098 Type: WELL API Number: 067-08202 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Corrective Action:

Date:

**BradenHead**

Date of Last Brhd Test: 04/18/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type:

End Surf Csg Pressure: 0

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                  |               |                          |         |
| Compaction       | Pass            | Culverts                | Pass                  |               |                          |         |

Comment: No visible erosion or sediment migration observed during inspection.

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   |
|--------------|----------------------|---|
| 712700325    | Well Location Photos | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6156786">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6156786</a> |