

**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:

07/30/2024

Submitted Date:

08/01/2024

Document Number:

693807546

FIELD INSPECTION FORM

Loc ID 316807 Inspector Name: BROWNING, CHUCK 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:

ECMC Operator Number: 10453
Name of Operator: PARADOX UPSTREAM LLC
Address: 500 DALLAS ST SUITE #1650
City: HOUSTON State: TX Zip: 77002

Findings:

- 10 Number of Comments
- 1 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
Roberts, Jake		jroberts@americanhelium.us	All Inspections
Gavito, Danielle	303-524-4651	dgavito@americanhelium.us	
Hankins, Neil	970-428-2742	nhankins@americanhelium.us	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
232859	WELL	SI	03/01/2004	GW	113-06048	U S A 1-35H	SI

General Comment:

ECMC staff performed a routine field inspection on 7/30/2024. Issues were found requiring corrective action. See inspection text and photos for details. Any Corrective Actions from previous inspections that have not been addressed are still applicable.

Location			
Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Type	Main		
comment:			
Corrective Action			Date:
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Sign on meter housing		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	435-587-2237 Wrong Emergency contact number		
Corrective Action:	Install sign to comply with Rule 605.d.		Date: 09/01/2024
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	SEPARATOR		
Comment:	Pipe fence		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	Pipe fence		
Corrective Action:			Date:
Equipment:			
Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:

Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal 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: 232859 Type: WELL API Number: 113-06048 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Last MIT 7/20/2022

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 05/10/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 10 Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

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

Optical Gas Imaging Survey

Survey Type: Routine

Current Operations: Production Workover Flowback Referred to APCD

GPS(entrance of location): Lat: _____ Long: _____

Wind: Light Speed: 5 (mph) Direction From: W Weather: Partly Temperature: 89 (F)

Assisting Staff: _____ Camera #: 2

Visible Smoke Referred to CDPHE

Times Surveyed _____ Equipment Surveyed _____

Time Survey Start	AM/PM	Time Survey End	AM/PM	Equipment
				Wellhead(s)
				Separation Equipment

Comment: No FLIR detectable gas observed

Corrective Action: _____ Date: _____

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
693807547	Inspection photos 7/30/2024	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6649066