

**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: **Operator Information:**ECMC 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:**10 Number of Comments1 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	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒**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: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ 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:

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Inspected Facilities									
Facility ID:	232859	Type:	WELL	API Number:	113-06048	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> 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