

**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:

06/03/2025

Submitted Date:

06/03/2025

Document Number:

719000166

FIELD INSPECTION FORM

Loc ID: 326161 Inspector Name: GARCIA, CHARLES On-Site Inspection: 2A Doc Num: _____

Operator Information:

ECMC 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:

11 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 | SJB inspect |
| Labowskie, Steve | | steve.labowskie@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 215974 | WELL | PR | 04/03/1991 | CBM | 067-07580 | HUBER-DOBBINS 1-31 | PR |

General Comment:

Inspection Report Summary
On 6/3/25 I Inspector Charles Garcia conducted an on-site inspection.
Location: HUBER DOBBINS#1-31
Operator:HILCORP ENERGY COMPANY
1-6 API#: 067-07580
County: LaPlata

| Location | | | |
|--|-------------------------------|--------|-----------------|
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | OTHER | | |
| Comment: | LOCATION SIGN AT ENTRANCE | | |
| Corrective Action: | | | Date: |
| Emergency Contact Number: | | | |
| Comment: | 505-324-5170 911 EMERGENCY | | |
| Corrective Action: | | | Date: |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Fencing/: | | | |
| Type | PUMP JACK | | |
| Comment: | CATTLE PANLES | | |
| Corrective Action: | | | Date: |
| Type | WELLHEAD | | |
| Comment: | CATTLE PANLES | | |
| Corrective Action: | | | Date: |
| Equipment: | | | |
| Type: Deadman # & Marked # 4 | | | corrective date |
| Comment: | 3 MARKERS ON GROUND | | |
| Corrective Action: | | | Date: |
| Type: Other # 1 | | | |
| Comment: | WELLHEAD | | |
| Corrective Action: | | | Date: |
| Type: Vertical Heated Separator # 1 | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run # 1 | | | |
| Comment: | LAST CALIABRATION 3-10-25 | | |
| Corrective Action: | | | Date: |
| Type: Prime Mover # 1 | | | |
| Comment: | GAS | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment # 2 | | | |

| | | | | |
|--------------------|--|--|-------|--|
| Comment: | TELEMETRY EQUIPMENT LUBE OIL TANK FOR PRIME MOVER | | | |
| Corrective Action: | | | Date: | |
| Type: Bradenhead | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |
| Type: Flow Line | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |
| Type: Pump Jack | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 215974 Type: WELL API Number: 067-07580 Status: PR Insp. Status: PR

Producing Well

Comment:

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 04/15/2025 Annual Brhd Completed? Yes

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

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|-------------------|---|
| 719000167 | LOCATION PICTURES | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7080615 |