

**FORM
INSP**

Rev
X/20

**State of Colorado
Energy and Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

01/21/2026

Submitted Date:

01/22/2026

Document Number:

719001180

FIELD INSPECTION FORM

Loc ID: 326308 Inspector Name: GARCIA, CHARLES 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: 10133
Name of Operator: HILCORP ENERGY COMPANY
Address: P O BOX 61229
City: HOUSTON State: TX Zip: 77208

Findings:

- 12 Number of Comments
- 3 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 |
|------------------|-------|---------------------------------------|-------------|
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| , General | | FarmingtonRegulatoryTechs@hilcorp.com | SJB inspect |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 216208 | WELL | PR | 05/01/2018 | CBM | 067-07814 | HUBER-ARADO 1-13 | PR |

General Comment:

[Inspection Report Summary](#)
On 1/21/26 | Inspector Charles Garcia conducted an on-site inspection.
Location: HUBER-ARADO 1-13
API# 067-07814
Operator: HILLCORP ENERGY COMPANY
County: LaPlata

| Location | | | |
|--|--|--------|------------------|
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | OTHER | | |
| Comment: | LOCATION SIGN AT ENTERANCE | | |
| Corrective Action: | | | Date: |
| Emergency Contact Number: | | | |
| Comment: | 505-324-5170 911 EMERGENCY | | |
| Corrective Action: | | | Date: |
| Good Housekeeping: | | | |
| Type | OTHER | | |
| Comment: | WOODEN PELLETS ON SOUTH SIDE OF LOCATION see location pictures | | |
| Corrective Action: | | | Date: |
| Type | UNUSED EQUIPMENT | | |
| Comment: | WOODEN PELLETS ON SOUTH SIDE OF LOCATION "appears 1' flowline on edge of location is not necessary for ongoing oil and gas operations" | | |
| Corrective Action: | Return to service or properly abandon per 1100 series rules or explain why flowline is necessary for ongoing operations via FIRR | | Date: 04/22/2026 |
| Overall Good: <input type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| Equipment: | | | |
| Type: Prime Mover | # 1 | | corrective date |
| Comment: | GAS | | |
| Corrective Action: | | | Date: |
| Type: Pump Jack | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Flow Line | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | ONE UNMARKED SEE LOCATION PICTURES | | |
| Corrective Action: | | | Date: |
| Type: Pig Station | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|---------------------------------|---|--|------------------|
| Type: Other | # 1 | | |
| Comment: | WELLHEAD | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | TELEMETRY EQUIPMENT LUBE OIL CONTAINER FOR PRIME MOVER NO SPILL PREVENTION | | |
| Corrective Action: | | | Date: |
| Type: Bird Protectors | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Vertical Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | LUBE OIL CONTAINER FOR PRIME MOVER NO SPILL PREVENTION location pictures | | |
| Corrective Action: | Materials Handling and Spill Prevention Procedures and practices per rule 1002.f.(2)B | | Date: 01/25/2026 |
| Type: Flow Line | # 1 | | |
| Comment: | 1", IN FLOW LINE not in use and open ended/no OOSLAT SEE LOCATION PICTURES | | |
| Corrective Action: | OOSLAT pre rule 1101.a (3) | | Date: 01/25/2026 |

Venting:

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

Flaring:

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

