

<b>FORM</b> <b>INSP</b> Rev X/20	<b>State of Colorado</b> <b>Energy and Carbon Management Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109	 	Inspection Date: <u>02/10/2026</u> Submitted Date: <u>02/10/2026</u> Document Number: <u>719001305</u>
<b>FIELD INSPECTION FORM</b>			

Loc ID \_\_\_\_\_ Inspector Name: GARCIA, CHARLES On-Site Inspection   
 326370 \_\_\_\_\_ 2A Doc Num: \_\_\_\_\_

**Status Summary:**

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

**Findings:**

4 \_\_\_\_\_ Number of Comments  
 0 \_\_\_\_\_ Number of Corrective Actions  
 Corrective Action Response Requested

**Operator Information:**

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

**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
216323	WELL	PR	05/20/1993	CBM	067-07929	SHIELDS 2-6	PR

**General Comment:**

[Inspection Report Summary](#)  
 On 2/10/26 I Inspector Charles Garcia conducted an DESKTOP FOLLOW UP inspection.  
 Location: SHIELDS 2-6  
 API# 067-07929  
 Operator: HILLCORP ENERGY COMPANY  
 County: LaPlata  
 DOC# 719001197  
 FIR DOC# 404521851  
 CA RESOLVED SEE PICTURES ATTACHED TO FIR DOCUMENT

**Location**

Overall Good:

**Signs/Marker:**

Type	OTHER		
Comment:	NO LOCATION SIGN Install sign per rule 605 CA RESOLVED		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	505-324-5170 911 E		
Corrective Action:		Date:	

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 216323 Type: WELL API Number: 067-07929 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Corrective Action:

Date:

**BradenHead**

Date of Last Brhd Test: 04/09/2025 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