

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

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



| | | | |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:
12/26/2013

Document Number:
673700530

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|-----------------------|--------------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | <input type="checkbox"/> |
| | <u>433755</u> | <u>433299</u> | <u>Sherman, Susan</u> | 2A Doc Num: | |

Operator Information:

OGCC Operator Number: _____

Name of Operator: CONOCO PHILLIPS COMPANY

Address: P O BOX 2197

City: HOUSTON State: TX Zip: 77252-

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

| Contact Name | Phone | Email | Comment |
|-----------------|-------|-----------------------------------|---------|
| Carlile, Justin | | justin.carlile@conocophillips.com | |

Compliance Summary:

QtrQtr: SENE Sec: 2 Twp: 4S Range: 64W

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|-------------------------------------|
| 433755 | WELL | DG | 10/12/2013 | | 005-07212 | Cline 4-64 2 1H | WO | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|-------------------------------|-------------------------|------------------------|----------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>1</u> | Production Pits: _____ |
| Condensate Tanks: <u>1</u> | Water Tanks: <u>1</u> | Separators: <u>1</u> | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: <u>1</u> | Pump Jacks: <u>1</u> |
| Electric Generators: <u>1</u> | Gas Pipeline: <u>1</u> | Oil Pipeline: <u>1</u> | Water Pipeline: <u>1</u> |
| Gas Compressors: <u>1</u> | VOC Combustor: <u>1</u> | Oil Tanks: <u>3</u> | Dehydrator Units: <u>1</u> |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: <u>1</u> | Fuel Tanks: _____ |

Location

Emergency Contact Number: (S/U/V) _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

| | |
|-----------------|---------|
| Venting: | |
| Yes/No | Comment |
| | |

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 433755

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/UV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|-------|----------|---|------------|
| OGLA | notojohn | <p>These comments from the LGD will be incorporated as COAs. The operator</p> <ol style="list-style-type: none"> 1. Operator shall post 24-hr company contact information at the intersection of the access road and public road for noise and other complaints. 2. Operator shall concurrently submit copies of any Form 19 submitted to COGCC for this well or its production facilities to the Arapahoe County LGD. 3. Operator will implement best management practices that address the timing and planning of mobilization, hauling, construction, drilling, and completion operations to minimize conflicts with school buses. 4. Operator will direct lights downward or use light shielding except where safety is potentially compromised. 5. Operator will comply with the Visual Impact Mitigation rule (Rule 804) due to the proximity of well traveled roads to the proposed location. | 05/10/2013 |

S/UV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

| BMP Type | Comment |
|---------------|--|
| Site Specific | <p>ConocoPhillips Groundwater Monitoring Program</p> <p>ConocoPhillips has adopted the Colorado Oil and Gas Association (COGA) voluntary groundwater testing program to establish baseline groundwater quality conditions around new oil well locations in their leased area. The sampling program will allow the company (ConocoPhillips) to evaluate the groundwater conditions before drilling a well and also to monitor water quality afterward.</p> <p>The program will be in accordance with the guidance set forth in the Voluntary Baseline Groundwater Quality Sampling Program last updated on November 15, 2011. Under the sampling protocol, water samples would be collected from the two closest groundwater sources with reasonable access. The sample points, permitted or registered wells, would be located within 1/2 mile of the proposed well surface location.</p> <p>Sampling will be conducted based on the landowner granting access to the well location and agreeing to have the laboratory analytical results submitted to COGCC for posting to a database viewable by the public.</p> <p>Samples will be analyzed for the constituents listed in Table 1 of the Groundwater Sampling and Analytical Program.</p> |

S/UV: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 433755 Type: WELL API Number: 005-07212 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: Halliburton

Stimulation Type: HYDRAULIC FRAC

Observation:

Other: _____

Maximum Casing Recorded: 7200 PSI

Tubing: _____

Surface: -8

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: -8

Frac Flow Back: Fluid: _____

Gas: _____

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: IRRIGATED, RANGELAND

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED, RANGELAND _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Ditches | Pass | Culverts | Pass | | | |
| Seeding | Pass | Seeding | Pass | | | |
| Mulching | Pass | Mulching | Pass | | | |
| Berms | Pass | | | | | |
| Rip Rap | Pass | | | | | |
| Waddles | Pass | | | | | |

Inspector Name: Sherman, Susan

| | | | | | | |
|-----------------|------|------------|------|------|------|--|
| Compaction | Pass | Compaction | Pass | MHSP | Pass | |
| Tackifiers | Pass | Tackifiers | Pass | | | |
| Retention Ponds | Pass | | | | | |
| Gravel | Pass | Gravel | Pass | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: Dry stream bed on NW cor of location with BMPs installed.

CA: _____

Pits: NO SURFACE INDICATION OF PIT