

**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:
06/18/2015Document Number:
673710679

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 426629 | 426630 | Sherman, Susan | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 19160Name of Operator: CONOCO PHILLIPS COMPANYAddress: P O BOX 2197City: 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 |
|-------------------|----------------|---------------------------------------|--------------------------|
| Gahr, Dean | (303) 268-3723 | Dean.P.Gahr@conocophillips.com | All DJ Basin Inspections |
| Strickler, Robert | | Robert.D.Strickler@conocophillips.com | All DJ Basin Inspections |
| Savage, Ali | (281) 260-5359 | ali.savage@conocophillips.com | |

Compliance Summary:QtrQtr: SENW Sec: 32 Twp: 4S Range: 64W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/15/2014 | 668702102 | SI | SI | SATISFACTORY | I | | No |
| 05/29/2012 | 667600360 | XX | SI | SATISFACTORY | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 426629 | WELL | SI | 04/21/2014 | OBW | 005-07177 | Tebo 32 2 | SI | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

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

Location

Inspector Name: Sherman, Susan

| Signs/Marker: | | | | |
|----------------------|------------------------------|----------------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| OTHER | SATISFACTORY | location sign @ gate | | |
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/A/V): ACTION Corrective Date: 08/03/2015

Comment: The 5/29/2012 inspection required this corrective action also.

Corrective Action: Install emergency contact number at wellhead sign.

| Good Housekeeping: | | | | |
|---------------------------|------------------------------|--|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| STORAGE OF SUPL | | Storage of equipment on location (see attached photo). | | |
| WEEDS | | Thistle along access road inside gate to wellhead. | | |

| Spills: | | | | |
|--|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Fencing/: | | | | |
|------------------|------------------------------|--------------|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| LOCATION | SATISFACTORY | barbed wire | | |
| WELLHEAD | SATISFACTORY | steel panels | | |

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

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

Predrill

Location ID: 426629

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** SATISFACTORY **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **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: 426629 Type: WELL API Number: 005-07177 Status: SI Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: ACTION CA Date: _____

CA: MIT required after 2 years of being shut in.

Comment: Form 2, #400217969, dated 10/28/2011 lists this well as a monitoring well.

Environmental**Spills/Releases:**

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

Inspector Name: Sherman, Susan

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: RANGELAND

Comment:

Large fenced location, Bresser-Stapleton sandy loam and Fonis-Colby stil loam soil types, the 6/2014 aerial shows 2 mocular large volume tanks on location

1003a. Debris removed? Pass CM

CA

CA Date

Waste Material Onsite? Pass CM

CA

CA Date

Unused or unneeded equipment onsite? CM See Good Housekeeping section for comment.

CA

CA Date

Pit, cellars, rat holes and other bores closed? Pass 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

Inspector Name: Sherman, Susan

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: 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Waddles | Fail | | | | | |
| Compaction | Pass | Compaction | Pass | | | |
| Rip Rap | Pass | | | | | |
| Retention Ponds | Pass | Gravel | Pass | | | |
| Blankets | Pass | | | | | |
| Gravel | Pass | | | | | |
| Check Dams | Pass | | | | | |

S/A/V: **ACTION REQUIRED**

Corrective Date: **07/10/2015**

Comment: **Erosion rill forming on east side of location at waddles (see attached photo).**

CA: **Maintain stormwater BMP to prevent site degradation.**

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

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

Inspector Name: Sherman, Susan

| Document Num | Description | URL |
|--------------|--|---|
| 673710703 | Conoco Phillips Company Tebo 32-2 Monitoring well | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3630989 |

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)