

**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

Inspection Date:

04/25/2016

Document Number:

674602430

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	433597	433616	Maclaren, Joe	<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
Strickler, Robert		Robert.D.Strickler@conocophillips.com	All Inspections DJ Basin
,		NiobraraInspections@cop.com	All Adams and Arapahoe Inspections
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us	
Hazard, Ellice		ellice.hazard@state.co.us	
Gahr, Dean	(303) 268-3723	Dean.P.Gahr@conocophillips.com	All Inspections DJ Basin

Compliance Summary:QtrQtr: SWSW Sec: 4 Twp: 5S Range: 64W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/24/2015	673711023	PR	PR	SATISFACTORY			No
06/17/2015	673710670	PR	PR	ACTION REQUIRED			No
07/23/2014	673704944	DG	WO	SATISFACTORY			No
02/07/2014	673701230	DG	WO	SATISFACTORY			No
01/13/2014	673700861	DG	DG	SATISFACTORY			No
12/31/2013	673700647	DG	DG	SATISFACTORY			No
12/26/2013	673700525	XX	DG	SATISFACTORY			No

Inspector Comment:

On April 25th, 2016 COGCC Integrity Inspector Joe MacLaren met with ConocoPhillips representatives Brian Aldrich, Curt Anderson and Larson Crawford and witnessed annual pressure testing being conducted on the (well site) flowline between the wellhead and separator. Details of this field inspection are located in the equipment/ flowline and the comment section at the end of this report. This is a Flowline Integrity (only) Field Inspection.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
433597	WELL	PR	05/12/2014	OW	005-07210	Tebo 4 1H	EG	<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>2</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: <u>1</u>	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>3</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:

Type: Flow Line	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	Annual flowline pressure testing performed on the (well site) flowline between wellhead and separator. The results of this test witnessed by COGCC staff are deemed Passing/ Satisfactory. The operator documented pressure testing details and retained field form for internal recordkeeping.	
Corrective Action		Date:

Venting:

Yes/No	
Comment	

Flaring:

Type		Satisfactory/Action Required	
Comment:			

Corrective Action:

Correct Action
Date:**Predrill**

Location ID: 433597

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	notojohn	<p>These COAs were coordinated with the Arapahoe County LGD and were accepted by the operator. They are from previously approved Form 2As. These COAs are independent of agreements between the operator and the county.</p> <p>1. Operator shall post 24-hr company contact information at the intersection of the access road and public road for noise and other complaints.</p> <p>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.</p> <p>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.</p> <p>4. Operator will direct lights downward or use light shielding except where safety is potentially compromised.</p>	06/05/2013
OGLA	notojohn	<p>Surficial soils at the proposed location are fine-grained eolian deposits and are sparsely vegetated. Disturbed soil and stockpiles will be vulnerable to wind and water erosion. Operator shall implement site-specific BMPs to minimize windblown soil, and sediment runoff. The measures may include, but are not limited to: site grading, application of binders/tackifiers, or other comparable measures.</p>	05/31/2013

S/AR: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**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: _____

Inspector Name: Maclaren, Joe

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 433597 Type: WELL API Number: 005-07210 Status: PR Insp. Status: EG

Well Stimulation

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

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: RANGELAND

Comment: _____

1003a. Waste and Debris removed? _____

CM _____

CA _____ CA Date _____

Inspector Name: Maclaren, Joe

Unused or unneeded equipment onsite? _____

CM _____

CA _____

CA Date _____

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

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: 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 ☐

Inspector Name: Maclaren, Joe

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Annual pressure testing witnessed on buried (well site) flowline between wellhead and separator. Initial pressure reading taken at 10:20 am was 57 psi; reading at 10:25 am was 56 psi; reading at 10:30 am was 56 psi: Final reading at 10:30 am was 56 psi. This test showed adequate stabilization and is deemed passing/ satisfactory.	maclarej	04/26/2016