

**FORM  
INSP**

Rev  
X/15

**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:

12/05/2017

Submitted Date:

12/06/2017

Document Number:

680402254

**FIELD INSPECTION FORM**

Loc ID 316816 Inspector Name: BROWNING, CHUCK 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:**

OGCC Operator Number: 10453  
Name of Operator: PARADOX UPSTREAM LLC  
Address: PO BOX 220  
City: NATURITA State: CO Zip: 81422

**Findings:**

- 5 Number of Comments
- 2 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

| Contact Name     | Phone        | Email                       | Comment                         |
|------------------|--------------|-----------------------------|---------------------------------|
| Snow, Karl       | 435-631-2207 | karls@paradoxresources.com  |                                 |
| Labowskie, Steve |              | steve.labowskie@state.co.us |                                 |
| Leonard, Mike    |              | mike.leonard@state.co.us    |                                 |
| Nowak, Scott     |              | scottn@bogresources.com     | <a href="#">All Inspections</a> |
| Browning, Chuck  | 970-433-4139 | chuck.browning@state.co.us  | <a href="#">Field Inspector</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 256997      | WELL | PR     | 11/01/2013  | GW         | 113-06074 | FOSSIL FEDERAL 8 | SI          |

**General Comment:**

| Location   |  |        |                  |
|--|--|--------|------------------|
| <b>Lease Road:</b>                                     |  |        |                  |
| Type   | Access   |        |                  |
| comment:   |  |        |                  |
| Corrective ActionL                                     |  | Date:  |                  |
| Type   | Main   |        |                  |
| comment:   |  |        |                  |
| Corrective ActionL                                     |  | Date:  |                  |
| Overall Good: <input checked="" type="checkbox"/>      |  |        |                  |
| <b>Signs/Marker:</b>                                   |  |        |                  |
| Type   | WELLHEAD   |        |                  |
| Comment:   | Sign not posted or information inaccurate at well(s) or battery  |        |                  |
| Corrective Action:                                     | Install sign to comply with Rule 210.b.  | Date:  | 01/06/2018       |
| Type   | TANK LABELS/PLACARDS   |        |                  |
| Comment:   |  |        |                  |
| Corrective Action:                                     |  | Date:  |                  |
| Emergency Contact Number:                              |  |        |                  |
| Comment:   | <input style="width: 100%;" type="text"/>  |        |                  |
| Corrective Action:                                     | <input style="width: 100%;" type="text"/>  |        | Date: _____      |
| <b>Good Housekeeping:</b>                              |  |        |                  |
| Type   | UNUSED EQUIPMENT   |        |                  |
| Comment:   | Flowline risers not LO/TO or marked are considered unused equipment. Cluster of risers on SW corner of location unused/unmarked. |        |                  |
| Corrective Action:                                     | Comply with Rule 603.f . For unused , unmarked flowline risers 24 hrs to lock out tag out. 30 days to remove riser.              |        | Date: 12/14/2017 |
| Overall Good: <input type="checkbox"/>                 |  |        |                  |
| <b>Spills:</b>   |  |        |                  |
| Type   | Area   | Volume |                  |
| In Containment: No _____                               |  |        |                  |
| Comment:   | <input style="width: 100%;" type="text"/>  |        |                  |
| <input type="checkbox"/> Multiple Spills and Releases? |  |        |                  |
| <b>Equipment:</b>                                      |  |        |                  |
| Type: Gas Meter Run                                    | # 1  |        | corrective date  |
| Comment:   |  |        |                  |
| Corrective Action:                                     |  | Date:  |                  |
| Type: Dehydrator                                       | # 1  |        |                  |
| Comment:   |  |        |                  |
| Corrective Action:                                     |  | Date:  |                  |
| Type: Deadman # & Marked                               | # 4  |        |                  |

|                                   |     |       |  |
|-----------------------------------|-----|-------|--|
| Comment:                          |     |       |  |
| Corrective Action:                |     | Date: |  |
| Type: Horizontal Heated Separator | # 1 |       |  |
| Comment:                          |     |       |  |
| Corrective Action:                |     | Date: |  |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS                |
|--------------------|---|----------|-----------|---------|-----------------------|
| CONDENSATE         | 1 | 100 BBLs | STEEL AST |         | 38.074073,-108.695669 |
| Comment:           |   |          |           |         |                       |
| Corrective Action: |   |          |           |         | Date:                 |

**Paint**

|                  |          |  |
|------------------|----------|--|
| Condition        | Adequate |  |
| Other (Content)  |          |  |
| Other (Capacity) |          |  |
| Other (Type)     |          |  |

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth              | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     |             |

| Contents           | # | Capacity | Type      | Tank ID | SE GPS                |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER     | 1 | 400 BBLs | STEEL AST |         | 38.073674,-108.695877 |
| Comment:           |   |          |           |         |                       |
| Corrective Action: |   |          |           |         | Date:                 |

**Paint**

|                  |          |  |
|------------------|----------|--|
| Condition        | Adequate |  |
| Other (Content)  |          |  |
| Other (Capacity) |          |  |
| Other (Type)     |          |  |

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth              | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     |             |

**Venting:**

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

**Flaring:**

|      |  |  |  |
|------|--|--|--|
| Type |  |  |  |
|------|--|--|--|

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

**Inspected Facilities**

Facility ID: 256997 Type: WELL API Number: 113-06074 Status: PR Insp. Status: SI

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment:

Corrective Action:  Date: \_\_\_\_\_

**Attached Documents**

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

| Document Num | Description                  | URL   |
|--------------|------------------------------|---|
| 401478133    | INSPECTION SUBMITTED         | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4319432">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4319432</a> |
| 680402264    | Inspection photos 12/5/2017. | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4319427">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4319427</a> |