

**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:

04/03/2019

Submitted Date:

04/03/2019

Document Number:

687904440

**FIELD INSPECTION FORM**

Loc ID 333776 Inspector Name: Stewart, Joseph 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: 10133  
Name of Operator: HILCORP ENERGY COMPANY  
Address: P O BOX 61229  
City: HOUSTON State: TX Zip: 77208

**Findings:**

7 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

Contact Name	Phone	Email	Comment
Ray, Mandi	505-324-5122	mray@hilcorp.com	
Roland, Kandis		kroland@hilcorp.com	
Labowskie, Steve		steve.labowskie@state.co.us	
Shorty, Priscilla		pshorty@hilcorp.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
261507	WELL	PR	04/10/2003	GW	067-08640	ARGENTA 34-10 34-3	PR

**General Comment:**

Conducted field inspection of location as required.

<b>Location</b>			
<b>Lease Road:</b>			
	Type Access		
comment:	Gravel turning into clay dirt roads.		
Corrective ActionL			Date:
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
	Type WELLHEAD		
Comment:	Framed metal sign at meter house.		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	(505) 324-5170		
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Equipment:</b>			
Type: Ancillary equipment	# 1		corrective date
Comment:	Wellhead with PVC bradenhead access.		
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 1		
Comment:	On separator stack.		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:
<b>Venting:</b>			

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 261507 Type: WELL API Number: 067-08640 Status: PR Insp. Status: PR

**Producing Well**

Comment: [Producing.](#)

Corrective Action:

Date:

**Reclamation - Storm Water - Pit**

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches	Pass	Ditches	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT