

**FORM
INSP**Rev
X/20**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:

05/25/2021

Submitted Date:

06/07/2021

Document Number:

689805868**FIELD INSPECTION FORM**Loc ID 313109 Inspector Name: Waldron, Emily On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10133Name of Operator: HILCORP ENERGY COMPANYAddress: P O BOX 61229City: HOUSTON State: TX Zip: 77208**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**5 Number of Comments1 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
Fillpot, Greg	(307) 299-3829	gfillpot@hilcorp.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
257124	WELL	PR	07/12/2000	GW	081-06982	VAN SCHAICK 5	PR

General Comment:Routine FIU inspection. Compliance issues observed:
[no bradenhead access apparent](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 713-209-2400

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Bradenhead	#		
Comment:	No bradenhead access apparent.		
Corrective Action:	Install bradenhead access and/or means of monitoring bradenhead pressure.	Date:	07/05/2021
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heater Treater	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	#		
Comment:			

Corrective Action:		Date:	
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Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	1	400 BBLs	HEATED STEEL AST		,	

Comment:	
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Corrective Action:		Date:	
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Paint

Condition	Adequate	
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Other (Content)	
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Other (Capacity)	
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Other (Type)	
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Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate			Adequate

Comment:	
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Corrective Action:		Date:	
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Venting:

Yes/No	NO		
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Comment:			
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Corrective Action:		Date:	
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Flaring:

Type		
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Comment:	
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Corrective Action:		Date:	
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Inspected Facilities									
Facility ID:	257124	Type:	WELL	API Number:	081-06982	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:									
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
Berms						
Gravel						
Compaction						

Comment: Corrective Action: Date: **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:

Document Num	Description	URL
402710343	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5449020
689805877	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5449008