

**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
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Inspection Date:

01/16/2014

Document Number:

670201154

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	281731	335195	BURGER, CRAIG	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: LARAMIE ENERGY II, LLCAddress: 1512 LARIMER ST STE 1000City: DENVER State: CO Zip: 80202

- ☐ 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
Bankert, Wayne	970-812-5310	wbankert@laramie-energy.com	Senior Regulatory & Environmental Coordinator
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	

Compliance Summary:

QtrQtr:	SENE	Sec:	19	Twp:	6S	Range:	93W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/29/2006	200098557	CO	WO	Unsatisfactory		Fail	Yes

Inspector Comment:

No sign of abandoned locations API#'s 045-11507, 045-11509, 045-11513, 045-11520, and 045-11521 on pad with 4 existing wells. Added abandoned locations 045-11512, 045-11514, 045-11516, 045-11518, 045-11519, and 045-13026 to this location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281731	WELL	AL	06/16/2011	LO	045-11507	JONSSON 19-13	AL	<input checked="" type="checkbox"/>
281732	WELL	PR	02/08/2007	GW	045-11508	JONSSON 19-02D	PR	<input type="checkbox"/>
281733	WELL	AL	06/16/2011	LO	045-11509	JONSSON 19-15	AL	<input checked="" type="checkbox"/>
281734	WELL	PR	02/08/2007	GW	045-11511	JONSSON 19-07B	PR	<input type="checkbox"/>
281735	WELL	AL		LO	045-11512	JONSSON 19-12	AL	<input checked="" type="checkbox"/>
281736	WELL	AL	06/16/2011	LO	045-11513	JONSSON 19-23	AL	<input checked="" type="checkbox"/>
281737	WELL	AL		LO	045-11514	JONSSON 19-10	AL	<input checked="" type="checkbox"/>
281738	WELL	TA	05/11/2010	GW	045-11515	JONSSON 19-08B	TA	<input type="checkbox"/>
281739	WELL	AL		LO	045-11516	JONSSON 19-3	AL	<input checked="" type="checkbox"/>
281740	WELL	PR	02/08/2007	GW	045-11517	JONSSON 19-07C	PR	<input type="checkbox"/>
281741	WELL	AL		LO	045-11518	JONSSON 19-2	AL	<input checked="" type="checkbox"/>

Inspector Name: BURGER, CRAIG

281742	WELL	AL		LO	045-11519	JONSSON 19-1	AL	X
281743	WELL	AL	06/16/2011	LO	045-11520	JONSSON 19-27	AL	X
281744	WELL	AL	06/16/2011	LO	045-11521	JONSSON 19-25	AL	X
287782	WELL	AL		LO	045-13026	JONSSON 19-16	AL	X

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	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

Emergency Contact Number: (S/U/V) _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 281731

Site Preparation:

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

S/U/V: _____

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

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/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: 281731 Type: WELL API Number: 045-11507 Status: AL Insp. Status: AL

Facility ID: 281733 Type: WELL API Number: 045-11509 Status: AL Insp. Status: AL

Facility ID: 281735 Type: WELL API Number: 045-11512 Status: AL Insp. Status: AL

Facility ID: 281736 Type: WELL API Number: 045-11513 Status: AL Insp. Status: AL

Facility ID: 281737 Type: WELL API Number: 045-11514 Status: AL Insp. Status: AL

Facility ID: 281739 Type: WELL API Number: 045-11516 Status: AL Insp. Status: AL

Facility ID: 281741	Type: WELL	API Number: 045-11518	Status: AL	Insp. Status: AL
Facility ID: 281742	Type: WELL	API Number: 045-11519	Status: AL	Insp. Status: AL
Facility ID: 281743	Type: WELL	API Number: 045-11520	Status: AL	Insp. Status: AL
Facility ID: 281744	Type: WELL	API Number: 045-11521	Status: AL	Insp. Status: AL
Facility ID: 287782	Type: WELL	API Number: 045-13026	Status: AL	Insp. Status: AL

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: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200243040	NOTIFICATION	LONGWORTH, MIKE	Step test performed on well that operator want to make an UIC well. Complainant was upset that he or no one else in the area was informed of testing being performed. He also raised concerns of a green poly line that was run thru his property as weither it had been tested or not.	04/19/2010

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: _____

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ 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 REVEGETATIONCropland

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: _____

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: BURGER, CRAIG

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT