

**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

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Inspection Date:

07/11/2014

Document Number:

668800124

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335524	335524	GOODWIN, AMANDA	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10232Name 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
Goodwin, Amanda		amanda.goodwin@state.co.us	
Bankert, Wayne	970-683-5419	wbankert@laramie-energy.com	Sr. Regulatory & Environmental Coordinator

Compliance Summary:QtrQtr: NWNE Sec: 20 Twp: 6S Range: 93W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
296954	WELL	AL	06/16/2011	LO	045-16231	RMV 20-01D	AL	<input checked="" type="checkbox"/>
296955	WELL	AL	06/16/2011	LO	045-16232	RMV 20-07B	AL	<input checked="" type="checkbox"/>
296956	WELL	AL	06/16/2011	LO	045-16233	RMV 20-08D	AL	<input checked="" type="checkbox"/>
296957	WELL	AL	06/16/2011	LO	045-16234	RMV 20-02B	AL	<input checked="" type="checkbox"/>
296958	WELL	AL	06/16/2011	LO	045-16235	RMV 17-15B	AL	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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/A/V): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Predrill				
Location ID: 335524				
Site Preparation:				
Lease Road Adeq.:		Pads:	Soil Stockpile:	
S/A/V:				
Corrective Action:		Date:	CDP Num.:	
Form 2A COAs:				
S/A/V:		Comment:		
CA:		Date:		
Wildlife BMPs:				
S/A/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				

Inspector Name: GOODWIN, AMANDA

Facility ID:	296954	Type:	WELL	API Number:	045-16231	Status:	AL	Insp. Status:	AL
Facility ID:	296955	Type:	WELL	API Number:	045-16232	Status:	AL	Insp. Status:	AL
Facility ID:	296956	Type:	WELL	API Number:	045-16233	Status:	AL	Insp. Status:	AL
Facility ID:	296957	Type:	WELL	API Number:	045-16234	Status:	AL	Insp. Status:	AL
Facility ID:	296958	Type:	WELL	API Number:	045-16235	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: _____

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: **Open permit.**

1003a. Debris removed? Pass CM _____ CA _____ CA Date _____
Waste Material Onsite? Pass CM _____ CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____ CA _____ CA Date _____
Pit, cellars, rat holes and other bores closed? Pass CM _____ CA _____ CA Date _____
Guy line anchors removed? Pass CM _____ CA _____ CA Date _____

Guy line anchors marked? Fail CM Holes presentCA backfill or mark holesCA Date 08/11/20141003b. Area no longer in use? Fail Production areas stabilized? _____1003c. Compacted areas have been cross ripped? Fail1003d. Drilling pit closed? _____ Subsidence over on drill pit? Fail

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 Fail1003 f. Weeds Noxious weeds? F

Comment: Class C noxious weeds overrunning perimeters. Recommend employing weed management program in compliance with the county. See attached photographs.

Overall Interim Reclamation Fail**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 ☐**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Inspector Name: GOODWIN, AMANDA

S/A/V: ACTION
REQUIRED

Corrective Date: 08/11/2014

Comment: Perimeter eroding.

CA: Stabilize perimeter.

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Per rule 1004, stabilize location and establish at least 80% coverage of reference vegetation.	GoodwinA	07/11/2014

Attached Documents

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

Document Num	Description	URL
668800125	335524_INSP_Pictures_20140711	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3385822