

**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

Inspection Date:

12/22/2015

Document Number:

675202336

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	422420	422420	CONKLIN, CURTIS	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10433Name of Operator: PICEANCE ENERGY LLC DBA LARAMIE ENERGYAddress: 1401 SEVENTEENTH STREET #1400City: 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) 683-5419	wbankert@laramie-energy.com	Senior Regulatory & Environmental Coordinator
Freeman, Sarah		sarah.freeman@state.co.us	NW Permitting

Compliance Summary:QtrQtr: NWNW Sec: 17 Twp: 9S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/18/2014	675200256			SATISFACTORY			No

Inspector Comment:

API # 05-077-10158 permit expired 5/18/2013 5:19:38 PM.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
423243	WELL	XX	05/19/2011	LO	077-10158	Hawxhurst 08-13C	ND	<input checked="" type="checkbox"/>
423247	WELL	PR	05/06/2014	GW	077-10159	Hawxhurst 17-05B	PR	<input checked="" type="checkbox"/>
423252	WELL	PR	05/02/2014	GW	077-10160	Hawxhurst 17-03C	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>21</u>	Production Pits: _____
Condensate Tanks: <u>11</u>	Water Tanks: <u>11</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Inspector Name: CONKLIN, CURTIS

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: 800-891-6191

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: _____	
Corrective Action:	_____			Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action	_____			Corrective Date: _____
Comment	_____			

Venting:	
Yes/No	NO
Comment	_____

Flaring:			
Type	Satisfactory/Action Required		
Comment:	_____		
Corrective Action:	_____	Correct Action Date:	_____

Predrill

Location ID: 422420

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Data retrieval failed for the subreport 'Subreport1' located at: \\10.12.100.15\cFormReports\Insp\InspCOA.rdl. Please check t

S/AR: _____ **Comment:** Secondary containment in place around fluids.**CA:** _____**Date:** _____**Wildlife BMPs:**

Data retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\cFormReports\Insp\InspBMP.rdl. Please check t

S/AR: _____ **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: 423243

Type: WELL

API Number: 077-10158

Status: XX

Insp. Status: ND

Facility ID: 423247

Type: WELL

API Number: 077-10159

Status: PR

Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 423252

Type: WELL

API Number: 077-10160

Status: PR

Insp. Status: PR

Producing Well

Comment: PR

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): _____

The subreport 'rptInsp13' could not be found at the