

**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:

07/19/2016

Document Number:

675203050

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	295037	334463	CONKLIN, CURTIS	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 10433Name of Operator: LARAMIE ENERGY LLCAddress: 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

Compliance Summary:QtrQtr: NESW Sec: 23 Twp: 9S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/08/2010	200286221	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
295035	WELL	PR	04/24/2013	GW	077-09550	NVEGA 23-324	PR	<input checked="" type="checkbox"/>
295036	WELL	PR	03/19/2008	GW	077-09551	NVEGA 23-234	PR	<input checked="" type="checkbox"/>
295037	WELL	PR	03/01/2011	GW	077-09552	NVEGA 23-231	PR	<input checked="" type="checkbox"/>
295750	WELL	PR	04/29/2008	GW	077-09637	NVEGA 23-144	PR	<input checked="" type="checkbox"/>
295751	WELL	PR	04/29/2008	GW	077-09636	NVEGA 26-211	PR	<input checked="" type="checkbox"/>
295752	WELL	PR	07/19/2008	GW	077-09635	NVEGA 26-111	PR	<input checked="" type="checkbox"/>
295753	WELL	PR	04/29/2008	GW	077-09634	NVEGA 26-311	PR	<input checked="" type="checkbox"/>
295754	WELL	PR	04/29/2008	GW	077-09633	NVEGA 23-141	PR	<input checked="" type="checkbox"/>
295755	WELL	PR	04/29/2008	GW	077-09632	NVEGA 23-241	PR	<input checked="" type="checkbox"/>
295756	WELL	PR	07/23/2013	GW	077-09631	NVEGA 23-341	PR	<input checked="" type="checkbox"/>

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295757	WELL	PR	04/29/2008	GW	077-09630	NVEGA 23-244	PR	<input checked="" type="checkbox"/>
295758	WELL	PR	04/29/2008	GW	077-09629	NVEGA 23-344	PR	<input checked="" type="checkbox"/>
295759	WELL	PR	04/29/2008	GW	077-09628	NVEGA 23-331	PR	<input checked="" type="checkbox"/>
295760	WELL	PR	06/01/2012	GW	077-09627	NVEGA 23-334	PR	<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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Equipment:

Type:	#	Satisfactory/Action Required:	
Comment			
Corrective Action			Date: _____

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST	,	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	400 BBLS	HEATED STEEL AST	,	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	400 BBLS	HEATED STEEL AST	,	
S/AR	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

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Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action					Corrective Date
Comment	Same				

Venting:

Yes/No	
Comment	

Flaring:

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

Predrill

Location ID: 295037

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: 295035	Type: WELL	API Number: 077-09550	Status: PR	Insp. Status: PR
Facility ID: 295036	Type: WELL	API Number: 077-09551	Status: PR	Insp. Status: PR
Facility ID: 295037	Type: WELL	API Number: 077-09552	Status: PR	Insp. Status: PR
Facility ID: 295750	Type: WELL	API Number: 077-09637	Status: PR	Insp. Status: PR
Facility ID: 295751	Type: WELL	API Number: 077-09636	Status: PR	Insp. Status: PR
Facility ID: 295752	Type: WELL	API Number: 077-09635	Status: PR	Insp. Status: PR
Facility ID: 295753	Type: WELL	API Number: 077-09634	Status: PR	Insp. Status: PR
Facility ID: 295754	Type: WELL	API Number: 077-09633	Status: PR	Insp. Status: PR
Facility ID: 295755	Type: WELL	API Number: 077-09632	Status: PR	Insp. Status: PR
Facility ID: 295756	Type: WELL	API Number: 077-09631	Status: PR	Insp. Status: PR
Facility ID: 295757	Type: WELL	API Number: 077-09630	Status: PR	Insp. Status: PR
Facility ID: 295758	Type: WELL	API Number: 077-09629	Status: PR	Insp. Status: PR
Facility ID: 295759	Type: WELL	API Number: 077-09628	Status: PR	Insp. Status: PR
Facility ID: 295760	Type: WELL	API Number: 077-09627	Status: PR	Insp. Status: 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): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? _____

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 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 _____

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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
Ditches	Pass					
Gravel	Pass					
Compaction	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass			

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT