

**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:
	<u>295037</u>	<u>334463</u>	<u>CONKLIN, CURTIS</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>10433</u>
Name of Operator:	<u>LARAMIE ENERGY LLC</u>
Address:	<u>1401 SEVENTEENTH STREET #1400</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>

- 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:	<u>NESW</u>	Sec:	<u>23</u>	Twp:	<u>9S</u>	Range:	<u>93W</u>
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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"/>

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 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

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

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

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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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 REVEGETATION

Cropland

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 _____

Inspector Name: CONKLIN, CURTIS

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

Attached Documents

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

Document Num	Description	URL
675203050	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3907251