

**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:

07/24/2016

Document Number:

680100993

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335121	335121	Colby, Lou	<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
Prescott, Lorne	(970) 812-5311	lprescott@laramie-energy.com	Enviro Pice/Laramie
Bankert, Wayne	(970) 683-5419/ (970) 749-4238	wbankert@laramie-energy.com	Senior Regulatory & Environmental Coordinator

Compliance Summary:QtrQtr: NWSW Sec: 30 Twp: 6S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/03/2014	675200189			SATISFACTORY			No

Inspector Comment:

This is an Interim Reclamation and Stormwater focused Inspection. Any Corrective Actions from previous Inspections that have not been addressed are still applicable.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
282548	WELL	AL	06/16/2011	LO	045-11781	MEAD 30-33	RI	<input checked="" type="checkbox"/>
282549	WELL	PR	01/03/2008	GW	045-11782	MEAD 30-12-B	RI	<input checked="" type="checkbox"/>
282550	WELL	AL	06/16/2011	LO	045-11783	MEAD 30-31	RI	<input checked="" type="checkbox"/>
282551	WELL	PR	06/11/2007	GW	045-11784	MEAD 30-06D	RI	<input checked="" type="checkbox"/>
282552	WELL	PR	03/08/2007	GW	045-11785	MEAD 30-05D	RI	<input checked="" type="checkbox"/>
282553	WELL	AL	06/16/2011	LO	045-11786	MEAD 30-21	RI	<input checked="" type="checkbox"/>
282554	WELL	AL	06/16/2011	LO	045-11787	MEAD 30-29	RI	<input checked="" type="checkbox"/>
282555	WELL	PR	07/10/2007	GW	045-11788	MEAD 30-05B	RI	<input checked="" type="checkbox"/>
282558	WELL	AL	06/16/2011	LO	045-11789	MEAD 30-19	RI	<input checked="" type="checkbox"/>

Inspector Name: Colby, Lou

286377	PIT	AC	08/25/2006	-	MEAD 30-19	AC	<input type="checkbox"/>
286378	PIT	AC	08/25/2006	-	JONSSON 19-1	AC	<input 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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____

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

Equipment:

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

Venting:

Yes/No	
Comment	

Flaring:

Type	Satisfactory/Action Required

Inspector Name: Colby, Lou

Comment:			
Corrective Action:		Correct Action	Date:

Predrill

Location ID: 335121

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: 282548 Type: WELL API Number: 045-11781 Status: AL Insp. Status: RI

Facility ID: 282549 Type: WELL API Number: 045-11782 Status: PR Insp. Status: RI

Facility ID: 282550 Type: WELL API Number: 045-11783 Status: AL Insp. Status: RI

Facility ID: 282551 Type: WELL API Number: 045-11784 Status: PR Insp. Status: RI

Facility ID: 282552 Type: WELL API Number: 045-11785 Status: PR Insp. Status: RI

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Facility ID: 282553	Type: WELL	API Number: 045-11786	Status: AL	Insp. Status: RI
Facility ID: 282554	Type: WELL	API Number: 045-11787	Status: AL	Insp. Status: RI
Facility ID: 282555	Type: WELL	API Number: 045-11788	Status: PR	Insp. Status: RI
Facility ID: 282558	Type: WELL	API Number: 045-11789	Status: AL	Insp. Status: RI

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? 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 marked? Pass

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CM _____

CA _____

CA Date _____

1003b. Area no longer in use? Pass

Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass

Subsidence over on drill pit? Pass

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 In

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation In Process

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

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: Location is Stable and has no Soil migration Concerns.

CA: _____

Inspector Name: Colby, Lou

Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT	
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Attached Documents

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

Document Num	Description	URL
680100994	Inspection Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3916504