

**FORM  
INSP**Rev  
X/15**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:

09/21/2016

Submitted Date:

09/21/2016

Document Number:

685500923**FIELD INSPECTION FORM**Loc ID 318622 Inspector Name: MONTOYA, JOHN On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Status Summary:**

- ☒ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

**Operator Information:**OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1600City: DENVER State: CO Zip: 80202**Findings:**6 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name  | Phone        | Email                   | Comment                         |
|---------------|--------------|-------------------------|---------------------------------|
| OLSON, JUSTIN | 030-910-4717 | justin.olson@hrmres.com | <a href="#">engineering</a>     |
| Pape, Terry   | 303-893-6621 | tpape@hrmres.com        | <a href="#">All Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|
| 241742      | WELL | PR     | 10/17/2007  | GW         | 123-09531 | STATE OF CO AJ 1 | PR          |

**General Comment:**

**Location****Lease Road:**

|                   |      |       |  |
|-------------------|------|-------|--|
| Type              | Main |       |  |
| comment:          |      |       |  |
| Corrective Action | L    | Date: |  |

Overall Good: ☒**Signs/Marker:**

|                    |          |       |  |
|--------------------|----------|-------|--|
| Type               | WELLHEAD |       |  |
| Comment:           |          |       |  |
| Corrective Action: |          | Date: |  |

**Emergency Contact Number:**

|                    |                              |       |  |
|--------------------|------------------------------|-------|--|
| Comment:           | EMERGENC Y CONTACT NUMBER OK |       |  |
| Corrective Action: |                              | Date: |  |

Overall Good: ☒**Spills:**

|      |      |        |  |  |
|------|------|--------|--|--|
| Type | Area | Volume |  |  |
|------|------|--------|--|--|

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

|                    |   |       |  |
|--------------------|---|-------|--|
| Type               | WELLHEAD  |       |  |
| Comment:           | BARBWIRE FENCE<br>SE CORNER<br>N40.18357<br>W-104.33560 |       |  |
| Corrective Action: |   | Date: |  |

**Equipment:**

|                    |     |       |                 |
|--------------------|-----|-------|-----------------|
| Type: Plunger Lift | # 1 |       | corrective date |
| Comment:           |     |       |                 |
| Corrective Action: |     | Date: |                 |

**Venting:**

|                    |    |       |  |
|--------------------|----|-------|--|
| Yes/No             | NO |       |  |
| Comment:           |    |       |  |
| Corrective Action: |    | Date: |  |

**Flaring:**

|                    |  |       |  |
|--------------------|--|-------|--|
| Type               |  |       |  |
| Comment:           |  |       |  |
| Corrective Action: |  | Date: |  |

**Inspected Facilities**Facility ID: 241742 Type: WELL API Number: 123-09531 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

**COGCC Comments**

Comment

User

Date

INTERMITTER CONTROLLER ON WELLHEAD  
DOCUMENT# 671104071, DATED 6/23/15 BERMS REPAIRED SOILED DIRT  
REMEDiated, RISER REMOVED

montoyaj

09/21/2016