

**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:
01/24/2017
Submitted Date:
01/24/2017
Document Number:
685501802

FIELD INSPECTION FORM

Loc ID 318568 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: 10548
Name of Operator: HRM RESOURCES II LLC
Address: 410 17TH STREET #1600
City: DENVER State: CO Zip: 80202

Findings:

- 3 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|---------------|--------------|-------------------------|---------------------------------|
| Pape, Terry | 303-893-6621 | tpape@hrmres.com | All Inspections |
| OLSON, JUSTIN | 030-910-4717 | justin.olson@hrmres.com | engineering |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 241623 | WELL | PR | 03/24/1978 | GW | 123-09412 | HAROLD 1 | SI |

General Comment:

| Location | | | |
|--|----------|--------|-----------------|
| Lease Road: | | | |
| Type | Main | | |
| comment: | | | |
| Corrective Action | | | Date: |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Emergency Contact Number: | | | |
| Comment: | OK | | |
| Corrective Action: | | | Date: _____ |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |
| 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: 241623 Type: WELL API Number: 123-09412 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

Corrective Action: Date: _____