

**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:                     
**Operator Information:**OGCC Operator Number: 10548Name of Operator: HRM RESOURCES II LLCAddress: 410 17TH STREET #1600City: DENVER State: CO Zip: 80202**Status Summary:**

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

**Findings:**3 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

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

**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	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	OK	
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

			corrective date
Type: Plunger Lift	# 1		
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
<div>Idle Well</div> <div>Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____</div> <div>Comment: <input type="text"/></div> <div>Corrective Action: <input type="text"/>      Date: _____</div>									