

**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:

01/16/2018

Submitted Date:

01/16/2018

Document Number:

689400857

FIELD INSPECTION FORM

Loc ID 450791 Inspector Name: CONKLIN, CURTIS 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: 10433
Name of Operator: LARAMIE ENERGY LLC
Address: 1401 SEVENTEENTH STREET #1400
City: DENVER State: CO Zip: 80202

Findings:

6 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Laramie Energy		cogccnotifications@laramie-energy.com	All Inspections
Hartman, Robert	(970) 244-3041	bhartman@blm.gov	Petroleum Engineer

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
450803	WELL	DG	01/12/2018		077-10418	Nichols 0994-24-01W	DG

General Comment:

[This is a routine drilling inspection, any corrective actions not addressed from previous inspections are still applicable.](#)

Location

Overall Good:

Signs/Marker:

Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 450803 Type: WELL API Number: 077-10418 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: H&P 290 Pusher/Rig Manager: Matt Settles
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
 Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: On location

Comment: BOP Tested on 1/13/18. Notifications have been received.

Corrective Action: _____ Date: _____

Cement

Cement Contractor

Contractor Name: _____ Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____ Circulate to Surface: _____
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____

Good Return During Job: _____ Cement Type: _____

Comment: .

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				Material Handling And Spill Prevention	Pass	
				Covering Materials	Pass	
				Spill Response	Pass	

Comment:

Corrective Action:

Date: _____

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
689400868	Nichols 0994-24-01W Photo	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4352754