

**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:

10/16/2018

Submitted Date:

10/18/2018

Document Number:

688302725**FIELD INSPECTION FORM**Loc ID 320044 Inspector Name: Sherman, Susan 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:13 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Hutson, L. Roger	(303) 893-6621	lrhutson@hrmres.com	President
Quint, Craig		craig.quint@state.co.us	COGCC FIU

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
202365	WELL	PR	08/01/2017	OW	001-07770	CARLSON 42-33 1	PR

General Comment:

Routine Inspection

LocationOverall Good: ☒**Signs/Marker:**

Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	720-836-6046, no answer. Update emergency contact number.	Date:	11/19/2018
Corrective Action:	Install sign to comply with Rule 210.c.		

Good Housekeeping:

Type	OTHER		
Comment:	tin shed blown over (see attached photo)		
Corrective Action:		Date:	

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

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

Type	PUMP JACK		
Comment:	steel pipe		
Corrective Action:		Date:	

Equipment:

				corrective date
Type: Prime Mover	# 1			
Comment:	gas engine, propane			
Corrective Action:		Date:		
Type: Vertical Heater Treater	# 1			
Comment:	bermed, other treater risers need to be tagged out if not in use (see attached photo).			
Corrective Action:		Date:		
Type: Gas Meter Run	#			
Comment:	No meter, sales line riser (see attached photo). There is an approved Form 42 #401341876 for flowline abandonment for this well.			
Corrective Action:	Contact COGCC Engineering Integrity group immediately..	Date:	10/19/2018	

Type: Bird Protectors	# 1		
Comment:			
Corrective Action:			Date:
Type: Emission Control Device	# 1		
Comment:	on		
Corrective Action:			Date:
Type: Pump Jack	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLs	PBV FIBERGLASS		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	75 bbls
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	300 BBLs	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	YES		
Comment:	ECD is on and produced water tank is venting. Contact inspector at 719-775-1111.		
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 202365 CDP: _____

Comment: _____

Corrective Action: _____ Date: _____

Form 2A COAs:

Comment: No COAs.

Corrective Action: _____ Date: _____

Wildlife BMPs:

Comment: _____

Corrective Action: _____ Date: _____

Comment: _____

Corrective Action: _____ Date: _____

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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Inspected Facilities									
Facility ID:	202365	Type:	WELL	API Number:	001-07770	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR. Aug 2018 production reported to COGCC database.								
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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	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
401802701	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4614981
688302762	HRM Carlson 42-33 1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4614975