

**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:

10/26/2018

Submitted Date:

10/26/2018

Document Number:

680403976**FIELD INSPECTION FORM**Loc ID 324400 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10433Name of Operator: LARAMIE ENERGY LLCAddress: 1401 SEVENTEENTH STREET #1400City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**11 Number of Comments0 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
Koehler, Bob		bob.koehler@state.co.us	
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Bankert, Wayne	970-683-5419	cogccnotifications@laramie-energy.com	All inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
275137	WELL	SI	03/01/2018	GW	045-13465	CASCADE CREEK 604-12-13	TA

**General Comment:**

MIT test only to verify casing repair doc#401696112.  
Well tested to 1000 psi per Sundry doc# 401752054.  
No injection facilities or equipment installed on location. TA wellhead only.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Sign at location entrance.		
Corrective Action:		Date:	

Emergency Contact Number:		
Comment:		
Corrective Action:		Date: _____

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Ancillary equipment	# 0		
Comment:	Equipment removed		
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 0		
Comment:	Equipment removed		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	6" flowline riser locked out / tagged out with pipe barricade, and master valve access on NE corner of location.		
Corrective Action:		Date:	
Type: Dehydrator	# 0		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 0		
Comment:	Equipment removed		
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 275137 Type: WELL API Number: 045-13465 Status: SI Insp. Status: TA**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_

TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_

Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 1035 BH psi: 0Insp. Status: Pass

Comment: Initial MIT prior to injectivity test for new UIC permit.  
 Sundry approved to test well to 1000 psi. (doc#401752054).  
 Pressure well to 1001 psi. Hold for 15 min. Final pressure 996 psi. -5 psi loss. OK.  
 Retested well to maintain minimum pressure above 1000 psi.  
 Pressure well to 1035 psi. Hold for 15 min. Final pressure 1034 psi. -1 psi loss. OK.  
 Test witnessed by COGCC using digital gauge on wellhead.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Idle Well**Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_

Comment: Well TA for conversion to UIC. All previous production equipment removed from location.  
 See UIC section for MIT information.

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
Berms	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
MIT test only to verify casing repair doc#401696112. COA doc #401752054 NOT completed as no pumping/monitoring or electrical equipment is installed on location at time of MIT. Testing of SCADA and EDS will be performed when equipment is installed and testing scheduled by mutual agreement between the COGCC UIC Inspector for Western Colorado-currently ChuckBrowning and the operator.	browninc	10/26/2018

**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680403977	Inspection photos 10/26/2018	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4622994">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4622994</a>