

**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:

06/30/2020

Submitted Date:

06/30/2020

Document Number:

700402212**FIELD INSPECTION FORM**Loc ID 315538 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10654Name of Operator: LASSO OIL & GAS LLCAddress: 3021 RIDGE RD #156City: ROCKWALL State: TX Zip: 75032**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**5 Number of Comments3 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
Thompson, Bud		BLThomps@BLM.gov	
Freeman, Kris	254-717-0435	kfreeman@31operating.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231004	WELL	PR	03/18/1982	GW	103-08673	COORS 8-22	PR

General Comment:

A routine inspection identified the following compliance issues:

- 1) Missing "911" on well sign. Photo 5. Complete by 7-30-2020.
- 2) 100 bbl tank needs operator phone number. Photo 6. Complete by 7-30-2020.
- 3) Well head gas leak. Photo 7. Complete by 7-30-2020.

This is a summary of inspection report 700402212.

Location

Overall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	100 bbl tank needs operator phone number.		
Corrective Action:	Install sign to comply with Rule 210.d.	Date:	07/30/2020
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	Missing "911" on wellhead sign.		
Corrective Action:	Install sign to comply with Rule 210.b.	Date:	07/30/2020

Overall Good: ☒

Spills:				
Type	Area	Volume		
In Containment: No				
Comment: <input type="text"/>				
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:			
Type	TANK BATTERY		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 3		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		

Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLs	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLs	Open Top		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)	3 bbl	
Other (Type)		

Berms

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

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities				
Facility ID: 231004	Type: WELL	API Number: 103-08673	Status: PR	Insp. Status: PR
Producing Well				
Comment:	PR			
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
Other	Pass					

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT

Optical Gas Imaging SurveySurvey Type: RoutineCurrent Operations: ☐ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: _____ Long: _____

Wind: Light Speed: _____ (mph) Direction From: _____ Weather: _____ Temperature: (F)

Assisting Staff: _____ Camera #: _____

☐ Visible Smoke ☐ Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM	Equipment
10:45	AM	10:55	AM	Wellhead(s)

Comment: FLIR images acquired including HSM movies of wellhead gas leak. See attachments. Gas odor detected by inspector.Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.Date: 07/30/2020**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
700402213	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5188195
700402214	infrared movie of well showing gas leak	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5188196
700402215	infrared movie (HSM) of well showing gas leak	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5188197