

**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:

12/23/2020

Submitted Date:

12/31/2020

Document Number:

700404752

FIELD INSPECTION FORM

Loc ID 315079 Inspector Name: Moran, Rick 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: 10654
Name of Operator: LASSO OIL & GAS LLC
Address: 3021 RIDGE RD #156
City: ROCKWALL State: TX Zip: 75032

Findings:

- 10 Number of Comments
- 4 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
Ikenouye, Teri		teri.ikenouye@state.co.us	
Ferrin, Jeremy		jeremy.ferrin@state.co.us	
Freeman, Kris	254-727-0435	kfreeman@31operating.com	
Thompson, Bud		BLThomps@BLM.gov	
Rosenberg, Kelly		kelly.rosenberg@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
230221	WELL	PR	03/01/2019	GW	103-07880	C & K 1-6	PR

General Comment:

- A routine inspection identified the following compliance issues:
- 1) Report past due monthly operations on Form 7. Complete by 7-15-2020.
 - 2) Provide bradenhead access. Photo 3. Complete by 2-1-2021.
 - 3) Calibrate gas meter. Complete by 2-1-2021.
 - 4) Gas leak at well. Photo 3. Complete by 2-1-2021.

This is a summary of inspection report 700404752.

Location

Overall Good:

Signs/Marker:

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

Fencing/:

Type	PIT		
Comment:			
Corrective Action:		Date:	

Equipment:

Type: Gas Meter Run	# 1		corrective date
Comment:	Meter calibration not current.		
Corrective Action:	Meters need calibrated annually.	Date:	02/01/2021
Type: Pump Jack	# 1		
Comment:	Pump jack head lying on ground.		
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:	Bradenhead access is not present.		
Corrective Action:	Provide bradenhead access with appropriate fittings to allow determination of pressure and fluid flow.	Date:	02/01/2021
Type: Deadman # & Marked	# 5		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	200 BBLs	STEEL AST		
Comment: Tank sounded empty and no fluid indicated with the FLIR camera.					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	240 bbl
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth				
Comment: Berm partially missing. Last recorded fluid volmes July 2017.				
Corrective Action:				Date:

Venting:

Yes/No	
Comment:	
Corrective Action:	Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 230221 Type: WELL API Number: 103-07880 Status: PR Insp. Status: PR

Producing Well

Comment: Last reported monthly operations were for May 2020. Report past due monthly operations. Last recorded production May 2020.
 No audible gas flow at well or meter building. Values from well head tubing to meter building appeared to be open. Casing pressure 40 psi. No tubing gage present.

Corrective Action: Submit required Form 7(s) to COGCC.

Date: 07/15/2020

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						

Comment: Snow on present.

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Blowdown Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: Liner Condition:

Comment:

Corrective

Date:

Fencing:

Fencing Type: Wildlife Fencing Condition: Adequate

Comment:

Corrective

Date:

Netting:

Netting Type: Netting Condition:

Comment:

Corrective

Date:

Anchor Trench Present: Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective

Date:

