

**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:

12/28/2020

Submitted Date:

01/04/2021

Document Number:

700404820**FIELD INSPECTION FORM**Loc ID 314351 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:**7 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
Rosenberg, Kelly		kelly.rosenberg@state.co.us	
Freeman, Kris	254-727-0435	kfreeman@31operating.com	
Pesicka, Conor		conor.pesicka@state.co.us	
Ferrin, Jeremy		jeremy.ferrin@state.co.us	
COGCC, Engineering	303-894-2100	dnr_cogccEngineering@state.co.us	
Thompson, Bud		BLThomps@BLM.gov	
Ikenouye, Teri		teri.ikenouye@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
228507	WELL	SI	02/01/2019	OW	103-05377	SMITH, M V 35	SI

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) Acquire MIT. Complete by 2-4-2021.

This is a summary of inspection report 700404820.

LocationOverall Good: ☒

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

Emergency Contact Number:

Comment: 911

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Pump Jack	# 1		
Comment:	Last reported monthly operations were for May 2020. Report past due monthly operations. Last recorded production January 2019.		
Corrective Action:	Submit required Form 7(s) to COGCC.		Date: 07/15/2020
Type: Deadman # & Marked	# 6		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST		,
Comment:	Tank sounded empty.				
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:

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected FacilitiesFacility ID: 228507 Type: WELL API Number: 103-05377 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: Last recorded production January 2019.Pump jack idle at time of inspection. Valves closed. Casing gage 190 psi.

Corrective Action:

Well must be either:1) Per COGCC Rule 326.b.(1) a successful mechanical integrity test shall be performed on each shut-in well within two (2) years of the initial shut-in date or2) Be properly plugged and abandoned . Shut-in and temporarily abandoned wells must be properly reported on COGCC Form 7, Operator's Monthly Production Report.Date: 02/04/2021

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:

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: Calm 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
2:05	PM	2:10	PM	Wellhead(s)

Comment: FLIR camera used to observe well. No venting or leaks observed.

Corrective Action: _____ Date: _____

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

Document Num	Description	URL
402565714	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5321181
700404821	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5321127
700404822	FLIR video of well	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5321128