

**FORM  
INSP**Rev  
X/20**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:

04/09/2021

Submitted Date:

04/16/2021

Document Number:

700300130**FIELD INSPECTION FORM**Loc ID 325162 Inspector Name: LABOWSKIE, STEVE On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 10679Name of Operator: LOGOS OPERATING LLCAddress: 2010 AFTON PLACECity: FARMINGTON State: NM Zip: 87415**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

**Findings:**10 Number of Comments1 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
Sessions, Tamara	505-324-4145	tsessions@logosresourcesllc.com	<a href="#">SW Inspection Reports</a>
Rowley, Darren	505-947-4974	drowley@logosresourcesllc.com	<a href="#">SW Inspection Reports.</a>
Roy, Catherine		catherine.roy@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
214169	WELL	PR	12/01/2010	GW	067-05489	BONDAD 33-9 25	PR

**General Comment:**

Unused ~1" flowline, dryer and regulator at wellhead observed as unused equipment. No Form 44 for domestic tap registration or abandonment found in well file.

Use or remove unused equipment and confirm flowline abandonment/register flowline via Form 44 no later than 5/16/21

Appears weed debris cited in previous reclamation inspection 693902799 have been removed.

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
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: Bradenhead	# 1		
Comment:	plumbed to surface		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	wellhead		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	unused `1" line (see photo)		
Corrective Action:		Date:	
Type: Gas Meter Run	#		
Comment:	calibration record by meter, calibration date not present or readily visible		
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	dryer assembly and regulator, valves, gauge for domestic tap or supply gas		
Corrective Action:	use or remove, submit Form 44 as necessary	Date:	05/16/2021
Type: Flow Line	# 1		
Comment:			
Corrective Action:		Date:	

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

**Inspected Facilities**Facility ID: 214169 Type: WELL API Number: 067-05489 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

**Flowline**

#1

Type:

of Lines

Flowline Description

Flowline Type:

Size:

Material:

Variance:

Age:

Contents:

Integrity Summary

Failures:

Spills:

Repairs Made:

Coatings:

H2S:

Cathodic Protection:

Pressure Testing

Witnessed:

Test Result:

Charted:

COGCC Rules(check all that apply)☐ 1101. Installation and Reclamation☐ 1102. Operations, Maintenance, and Repair☐ 1103. Abandonment

Comment:

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			

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT

**Optical Gas Imaging Survey**Survey Type: RoutineCurrent Operations: ☒ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: \_\_\_\_\_ Long: \_\_\_\_\_

Wind: Light Speed: 1-5 (mph) Direction From: S-SW Weather: Clear 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
Other
Wellhead(s)
Flowline

Comment: No detectable gas using normal sensitivityCorrective  
Action:

Date:

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

Document Num	Description	URL
700300131	dryer and regulator not in use	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5405633">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5405633</a>
700300132	`1" flowline riser not in use	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5405634">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5405634</a>
700300133	well sign, weed debris removed	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5405635">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5405635</a>