

**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:

06/26/2024

Submitted Date:

06/29/2024

Document Number:

693807461

FIELD INSPECTION FORM

Loc ID 334518 Inspector Name: BROWNING, CHUCK 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:

ECMC Operator Number: 10433
Name of Operator: LARAMIE ENERGY LLC
Address: 1700 LINCOLN ST STE 3950
City: DENVER State: CO Zip: 80203

Findings:

10 Number of Comments
0 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
Taylor, Chad	(720) 788-6197	chad.taylor@state.co.us	Underground Injection Lead
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
279728	WELL	IJ	06/01/2021	DSPW	077-08942	MY WAY RANCH 17-2	SI

General Comment:

[Routine UIC inspection.](#)

Location			
Lease Road:			
Type	Main		
comment:			
Corrective ActionL			Date:
Type	Access		
comment:			
Corrective ActionL			Date:
Overall Good: <input checked="" type="checkbox"/>			
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:	<input type="text" value="800-891-6191"/>		
Corrective Action:	<input type="text"/>		Date: _____
Good Housekeeping:			
Type	TRASH		
Comment:	Enclosed trash bins		
Corrective Action:			Date:
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	<input type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	WELLHEAD		
Comment:	Injection wellhead inside housing. Panel fence around producing wells		
Corrective Action:			Date:
Equipment:			
Type: Prime Mover	# 1		corrective date
Comment:	Pump inside housing		

Corrective Action:		Date:	
Type: Bradenhead	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 4		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 3		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	2	300 BBLs	STEEL AST		39.190651,-107.903535
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	7	400 BBLs	STEEL AST		39.190239,-107.903350
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Comment:		
Corrective Action:		Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 279728 Type: WELL API Number: 077-08942 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Inj Zone: <u>OHCRK</u>
Brhd:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	Last MIT: <u>07/21/2023</u>
			AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment:

Corrective Action: Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Ditches	Pass			
Berms	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	Secondary containment of chemicals

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
693807462	Inspection photos 6/26/2024	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6606863