

**FORM  
INSP**

Rev  
X/20

**State of Colorado  
Energy and Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

10/21/2025

Submitted Date:

10/22/2025

Document Number:

719000753

**FIELD INSPECTION FORM**

Loc ID: 325197  
Inspector Name: GARCIA, CHARLES  
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: 10679  
Name of Operator: LOGOS OPERATING LLC  
Address: 2010 AFTON PLACE  
City: FARMINGTON State: NM Zip: 87401

**Findings:**

- 15 Number of Comments
- 2 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
Labowskie, Steve		steve.labowskie@state.co.us	
, General		Regulatory@logosresourcesllc.com	SJB inspect
Fields, Vanessa		vfields@logosresourcesllc.com	SJB inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
214258	WELL	PR	04/23/1956	GW	067-05592	BONDAD 33-10 10	PR

**General Comment:**

Inspection Report Summary  
On 10/21/25 I Inspector Charles Garcia conducted an on-site inspection.  
Location: BONDAD 33-10 10  
Operator: LOGOS OPERATING LLC  
API#: 067-05592  
County: LaPlata

Location			
Overall Good: <input checked="" type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	OTHER		
Comment:	LOCATION SIGN IN FRONT OF PRODUCED WATER TANK		
Corrective Action:			Date:
Emergency Contact Number:			
Comment:	866-598-6220 911 EMERGENCY		
Corrective Action:			Date:
<b>Good Housekeeping:</b>			
Type	WEEDS		
Comment:	OVERGROWN VEGETATION ON LOCATION AND AROUND EQUIPMENT SEE LOCATIN PICTURES		
Corrective Action:	Keep areas around wellheads, tanks and separators clear of weeds (potentially combustible material) per Rule 610.k		Date: 10/28/2025
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment: <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	OTHER		
Comment:	PRODUCED WATER TANK CATTLE PANELS		
Corrective Action:			Date:
Type	SEPARATOR		
Comment:	CATTLE PANELS		
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	CATTLE PANELS		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Plunger Lift # 1			corrective date
Comment:			
Corrective Action:			Date:
Type: Other # 1			
Comment: CATHODIC SYSTEM			
Corrective Action:			Date:
Type: Horizontal Heated Separator # 2			

Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:	CALIBRATION IN COMPLIANCE		
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	WELLHEAD		
Corrective Action:			Date:
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:			Date:
Type: Other	# 1		
Comment:	DOMESTIC TAP ON SIDE OF LOCATION NOT IN RELATED FACILITY		
Corrective Action:	Submit an eForm 44 Flowline Report per Rule 1101.b.		Date: 11/22/2025
Type: Flow Line	# 1		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	TELEMETRY EQUIPMENT		
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	OTHER	PBV STEEL		37.115200,-107.881600
Comment:	55 BBL PRODUCED WATER TANK				
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	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: 214258 Type: WELL API Number: 067-05592 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Corrective Action:

Date:

**BradenHead**

Date of Last Brhd Test: 06/25/2025 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type:

End Surf Csg Pressure: 0

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	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

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
719000754	LOCATION PICTURES	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7292915">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7292915</a>
719000765	LOCATION PICTURES	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7292916">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=7292916</a>