

**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:

09/26/2016

Submitted Date:

09/26/2016

Document Number:

680401050

FIELD INSPECTION FORM

Loc ID 312512 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:

OGCC Operator Number: 10433
Name of Operator: LARAMIE ENERGY LLC
Address: 601 28 1/4 ROAD #D
City: GRAND JUNCTION State: CO Zip: 81506

Findings:

8 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Bankert, Wayne	970-683-5419	wbankert@laramie-energy.com	Sr. Regulatory & Environmental Coordinator

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221820	WELL	SI	09/05/2007	DSPW	077-08422	DAVIS-DOLLEY 36-1	TA

General Comment:

UIC-5 yr MIT.

Location

Lease Road:			
Type	Main		
comment:			
Corrective ActionL			Date:
Type	Access		
comment:			
Corrective ActionL			Date:

Overall Good:

Signs/Marker:			
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	WELLHEAD		
Comment:			
Corrective Action:			Date:

Equipment:			corrective date
Type: Dehydrator	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:
Type: Gas Meter Run	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 0		
Comment:	Equipment removed		
Corrective Action:			Date:

Tanks and Berms:					
Contents	#	Capacity	Type	Tanak ID	SE GPS
CRUDE OIL	0				,

Comment:	Tank removed	Date:	
Corrective Action:		Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected Facilities

Facility ID: 221820 Type: WELL API Number: 077-08422 Status: SI Insp. Status: TA

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>WMFK</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>09/26/2011</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 354 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.
Pressure well to 354 psi. Hold for 15 min. Final pressure 344 psi. -10 psi loss. Test witnessed by COGCC using gauges on wellhead. OK

Corrective Action: _____ Date: _____