

**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: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10433Name of Operator: LARAMIE ENERGY LLCAddress: 601 28 1/4 ROAD #DCity: GRAND JUNCTION State: CO Zip: 81506**Status Summary:**

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

**Findings:**8 Number of Comments0 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**

<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

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>Fencing/:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

<b>Equipment:</b>			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		
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: 0Insp. Status: PassComment: 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: \_\_\_\_\_