

**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**Lease Road:**

Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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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		
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 FacilitiesFacility 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 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WMFK

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 09/26/2011

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 354 BH psi: 0Insp. 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: _____

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

Document Num	Description	URL
680401050	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3962733