

**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:

04/18/2018

Submitted Date:

04/18/2018

Document Number:

689300914**FIELD INSPECTION FORM**

Loc ID 335520 Inspector Name: Holtz, Darin On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 10433Name of Operator: LARAMIE ENERGY LLCAddress: 1401 SEVENTEENTH STREET #1400City: DENVER State: CO Zip: 80202**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**11 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		cogccnotifications@laramie-energy.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
294661	WELL	PR	03/12/2010	GW	045-15560	LARAMIE 19-09D	PR
294662	WELL	PR	03/12/2010	GW	045-15561	LARAMIE 20-06D	PR

**General Comment:**[Routine Field Inspections.](#)

Location				
<b>Lease Road:</b>				
Type	Access			
comment:				
Corrective Action	L			Date:
Overall Good: <input checked="" type="checkbox"/>				
<b>Signs/Marker:</b>				
Type	CONTAINERS			
Comment:	Faded Chemical Unit Label Talked with Route pumper, he called Chemical provider to come out and install new stickers.			
Corrective Action:				Date:
Emergency Contact Number:				
Comment:	1-800-891-6191			
Corrective Action:				Date:
<b>Good Housekeeping:</b>				
Type	WEEDS			
Comment:				
Corrective Action:				Date:
Type	STORAGE OF SUPL			
Comment:	Spare equipment on location			
Corrective Action:	Comply with Rule 603.f .			Date: 07/18/2018
Type	TRASH			
Comment:				
Corrective Action:				Date:
Type	DEBRIS			
Comment:				
Corrective Action:				Date:
Overall Good: <input checked="" type="checkbox"/>				
<b>Spills:</b>				
Type	Area	Volume		
In Containment: No				
Comment: <input type="text"/>				
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Fencing/:</b>				
Type	WELLHEAD			
Comment:	Hog panel fencing			
Corrective Action:				Date:
<b>Equipment:</b>				
Type: Plunger Lift	# 2			corrective date

Comment:			
Corrective Action:		Date:	
Type: Vertical Heated Separator	# 2		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 2		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Chemical Unit at Wellhead		
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
CONDENSATE	2	OTHER	STEEL AST		,	
Comment:	250 BBL					
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	2	300 BBLs	FIBERGLASS AST		,	
Comment:						
Corrective Action:						Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		

Other (Type)					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:					Date:
<b>Venting:</b>					
Yes/No	NO				
Comment:					
Corrective Action:					Date:
<b>Flaring:</b>					
Type					
Comment:					
Corrective Action:					Date:

**Inspected Facilities**Facility ID: 294661 Type: WELL API Number: 045-15560 Status: PR Insp. Status: PR**Producing Well**Comment: Well Producing on plunger lift

Corrective Action:

Date:

Facility ID: 294662 Type: WELL API Number: 045-15561 Status: PR Insp. Status: PR**Producing Well**Comment: Well Producing on plunger lift

Corrective Action:

Date:

**Environmental**

**Spill/Remediation:**

Comment:

Corrective Action:  Date:

Emission Control Burner (ECB): NO

Comment:

Pilot:  Wildlife Protection Devices (fired vessels): YES

**Reclamation - Storm Water - Pit****Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass					
		Gravel	Pass			
Gravel	Pass					
		Ditches	Pass			
		Compaction	Pass			

Comment: [Soil run off from South facing slope. see photo's](#)

Corrective Action:

Date: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	297110	200192401	
	297110	200192401	

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

Document Num	Description	URL
689300915	DocNum: 689300914.4/18/18	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4438418">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4438418</a>