

**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:

12/22/2020

Submitted Date:

12/29/2020

Document Number:

700404684

FIELD INSPECTION FORM

Loc ID 315465 Inspector Name: Moran, Rick 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: 10654
Name of Operator: LASSO OIL & GAS LLC
Address: 3021 RIDGE RD #156
City: ROCKWALL State: TX Zip: 75032

Findings:

- 9 Number of Comments
- 5 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
Rosenberg, Kelly		kelly.rosenberg@state.co.us	
Thompson, Bud		BLThomps@BLM.gov	
Freeman, Kris	254-727-0435	kfreeman@31operating.com	
Ferrin, Jeremy		jeremy.ferrin@state.co.us	
Ikenouye, Teri		teri.ikenouye@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
230871	WELL	SI	04/01/2020	GW	103-08540	CONTINENTAL 6-22	SI

General Comment:

- A routine inspection identified the following compliance issues:
- 1) Report past due monthly operations on Form 7. Complete by 7-15-2020.
 - 2) Provide bradenhead access. Photo 4. Complete by 2-1-2021.
 - 3) Calibrate gas meter. Photo 3. Complete by 2-1-2021.
 - 4) Have an emergency phone number that can be reached at all times. Complete by 1-1-2021.
 - 5) Two gas leaks at well head. Photos 4, 7, 8. Complete by 2-1-2021.

This is a summary of inspection report 700404684.

Location

Overall Good:

Signs/Marker:

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Emergency phone, 800-209-9762, was called on 12-22-2020 @ 18:12. No one answered and no message service was available.

Corrective Action: Have an emergency phone number that can be reached at all times.

Date: 01/01/2021

Overall Good:

Spills:

Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	PIT		
Comment:			
Corrective Action:		Date:	

Equipment:

Type			corrective date
Type: Gas Meter Run	# 1		
Comment:	Most recent meter calibration in June 2019.		
Corrective Action:	Meters need calibrated annually.	Date:	<u>02/01/2021</u>
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		

Comment:	Bradenhead access is not present.		
Corrective Action:	Provide bradenhead access with appropriate fittings to allow determination of pressure and fluid flow.	Date:	02/01/2021

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 230871 Type: WELL API Number: 103-08540 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Last reported monthly operations were for May 2020. Report past due monthly operations. Last recorded production March 2020.
No audible gas flow at well or meter building. Values from well head tubing to meter building appeared to be open. Tubing pressure 42 psi. Casing pressure 160 psi.

Corrective Action: **Submit required Form 7(s) to COGCC.** Date: 07/15/2020

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches						

Comment: Snow on ground.

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Type: Blowdown Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: Liner Condition:

Comment: Well head pit.

Corrective Action

Date:

Fencing:

Fencing Type: Wildlife Fencing Condition: Adequate

Comment:

Corrective Action

Date:

Netting:

Netting Type: Mesh Netting Condition: Good

Comment:

Corrective Action

Date:

Anchor Trench Present: Oil Accumulation: NO 2+ feet Freeboard: YES

Comment:

Corrective Action

Date:

Type: Blowdown Lined: NO Pit ID: Lat: Long:

Reference Point: _____ Other: _____ Length: _____ Width: _____

Lining:

Liner Type: Liner Condition:

Comment: Separator pit.

Corrective Action

Date:

Fencing:

Fencing Type: Wildlife Fencing Condition: Adequate

Comment:

Corrective Action

Date:

Netting:

Netting Type: Netting Condition: _____

Comment:		Date:
Corrective Action		
Anchor Trench Present:	Oil Accumulation: <u>NO</u>	2+ feet Freeboard: <u>YES</u>
Comment:		Date:
Corrective Action		

