

**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:

700404696**FIELD INSPECTION FORM**Loc ID 315378 Inspector Name: Moran, Rick On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10654Name of Operator: LASSO OIL & GAS LLCAddress: 3021 RIDGE RD #156City: ROCKWALL State: TX Zip: 75032**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**7 Number of Comments4 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
Freeman, Kris	254-727-0435	kfreeman@31operating.com	
Ikenouye, Teri		teri.ikenouye@state.co.us	
Ferrin, Jeremy		jeremy.ferrin@state.co.us	
Rosenberg, Kelly		kelly.rosenberg@state.co.us	
Thompson, Bud		BLThomps@BLM.gov	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
230738	WELL	PR	11/08/2000	GW	103-08407	CONTINENTAL 3-28	PR

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 2. Complete by 2-1-2021.
- 3) Calibrate gas meter. Photo 5. Complete by 2-1-2021.
- 4) Have an emergency phone number that can be reached at all times. Complete by 1-1-2021.

This is a summary of inspection report 700404696.

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
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:			corrective 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: <u>02/01/2021</u>
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		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>

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 230738 Type: WELL API Number: 103-08407 Status: PR Insp. Status: PR**Producing Well**

Comment: Last reported monthly operations were for May 2020. Report past due monthly operations. Last recorded production May 2020.

No audible gas flow at well or meter building. Values from well head tubing to meter building appeared to be partially open. No tubing or casing gages.

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 PITType: BlowdownLined: NO

Pit ID:

Lat:

Long:

Reference Point: _____

Other: _____

Length: _____

Width: _____

Lining:

Liner Type:

Liner Condition:

Comment:

Corrective

Date:

Fencing:Fencing Type: WildlifeFencing Condition: Adequate

Comment:

Corrective

Date:

Netting:

Netting Type:

Netting Condition:

Comment:

Corrective

Date:

Anchor Trench Present:

Oil Accumulation: NO2+ feet Freeboard: YES

Comment:

Corrective

Date:

Optical Gas Imaging SurveySurvey Type: RoutineCurrent Operations: ☐ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: _____ Long: _____

Wind: Light Speed: _____ (mph) Direction From: _____ Weather: _____ Temperature: (F)

Assisting Staff: _____ Camera #: _____

☐ Visible Smoke ☐ Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM	Equipment
10:15	AM	10:20	AM	Wellhead(s)

Comment: FLIR camera used on well. No gas leaks detected.

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
700404697	inspection photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5318206