

**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:

12/30/2020

Document Number:

700404731

FIELD INSPECTION FORM

Loc ID 315104 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:

- 8 Number of Comments
- 6 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
Thompson, Bud		BLThomps@BLM.gov	
Ikenouye, Teri		teri.ikenouye@state.co.us	
Ferrin, Jeremy		jeremy.ferrin@state.co.us	
Heil, John		john.heil@state.co.us	
Rosenberg, Kelly		kelly.rosenberg@state.co.us	
Freeman, Kris	254-727-0435	kfreeman@31operating.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
230264	WELL	PR	11/08/2000	GW	103-07923	UNIVERSAL 2-19	PR

General Comment:

A follow up inspection of FIR document 700403437 dated 9-17-2020.

The following compliance issues are uncompleted:
1) Submit eForm 27 for pit closure. Pit is not in use and unusable. Complete by 1-1-2021.

Additional compliance issues:
1) Report past due monthly operations on Form 7. Complete by 7-15-2020.
2) Provide bradenhead access. Photo 1. Complete by 2-1-2021.
3) Calibrate gas meter. Photo 6. Complete by 2-1-2021.
4) Have an emergency phone number that can be reached at all times. Complete by 1-1-2021.
5) Gas leak at well wheel valve. Photo 3. Complete by 2-1-2021.

This is a summary of inspection report 700404731.

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	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	PIT		
Comment:			
Corrective Action:		Date:	

Equipment:

Type			corrective date
Type: Deadman # & Marked	# 2		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
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: <u>02/01/2021</u>
Type: Gas Meter Run	# 1		

Comment:	Most recent meter calibration in June 2019.		
Corrective Action:	Meters need calibrated annually.	Date:	02/01/2021

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 230264 Type: WELL API Number: 103-07923 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 open. Tubing pressure 50 psi. Casing gage broken.

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
Berms	Fail					

Comment: Pit is filled with stormwater sediment.

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: Pipe going to pit is capped off. No berm present on side next to separator. Pit is currently not useable.

Corrective Submit eForm 27 for pit closure. Date: 01/01/2021

Fencing:

Fencing Type: Wildlife Fencing Condition: Adequate

Comment: _____

Corrective _____ Date: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Corrective _____ Date: _____

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

Comment: _____

Corrective _____ Date: _____

