

FORM
INSPRev
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:

12/28/2020

Submitted Date:

01/04/2021

Document Number:

700404799

FIELD INSPECTION FORM

Loc ID 316725 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:8 Number of Comments2 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 | |
| Thompson, Bud | | BLThomps@BLM.gov | |
| Ikenouye, Teri | | teri.ikenouye@state.co.us | |
| Rosenberg, Kelly | | kelly.rosenberg@state.co.us | |
| COGCC, Engineering | 303-894-2100 | dnr_cogccEngineering@state.co.us | |
| Ferrin, Jeremy | | jeremy.ferrin@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 232377 | WELL | SI | 12/01/2019 | GW | 103-60008 | PHILLIPS S-10 | 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) Submit Form 4S to request continued venting. Photo 4. Complete by 2-1-2021.

This is a summary of inspection report 700404799.

Location

Overall Good:

Signs/Marker:

| | | | |
|--------------------|----------------------|-------|--|
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action:

Date:

Overall Good:

Spills:

| Type | Area | Volume | | |
|------|------|--------|--|--|
| | | | | |

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

| Type | | | | corrective date |
|--------------------|-----------------------|-------|--|-----------------|
| Pump Jack | # 1 | | | |
| Comment: | | | | |
| Corrective Action: | | Date: | | |
| Other | # 1 | | | |
| Comment: | Generator on trailer. | | | |
| Corrective Action: | | Date: | | |
| Deadman # & Marked | # 3 | | | |
| Comment: | | | | |
| Corrective Action: | | Date: | | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---------------------|----------|-----------|---------|--------|
| CRUDE OIL | 1 | 400 BBLs | STEEL AST | | |
| Comment: | Tank sounded empty. | | | | |
| Corrective Action: | | Date: | | | |

Paint

Condition

Other (Content)

| | |
|------------------|--|
| Other (Capacity) | |
| Other (Type) | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | | | Adequate |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Venting:

| | | | | |
|--------------------|---|--|--|-------|
| Yes/No | | | | |
| Comment: | Approved Form 4 document 402239142 approved 12-16-2019 for gas venting that needs approved anually. Odor of gas starting at 120' from well. | | | |
| Corrective Action: | Submit Form 4S to requesting continued venting. | | | Date: |

Flaring:

| | | | | |
|--------------------|--|--|--|-------|
| Type | | | | |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Inspected Facilities

Facility ID: 232377 Type: WELL API Number: 103-60008 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 November 2019.
No audible flow at well. Values at well head appeared open. Both generator & pump jack were both idle at time of inspection. No pressure gages on well.

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 | | | | | | |

Comment: [Snow on ground.](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

