

**FORM
INSP**

Rev
X/20

**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:

02/05/2021

Submitted Date:

02/13/2021

Document Number:

700405345

FIELD INSPECTION FORM

Loc ID 315563 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
- 3 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
Ikenouye, Teri		teri.ikenouye@state.co.us	
Boulger, Levin		lboulger@31operating.com	
Freeman, Kris	254-717-0435	kfreeman@31operating.com	
Thompson, Bud		BLThomps@BLM.gov	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
231049	WELL	SI	07/01/2018	GW	103-08718	SHENANDOAH 6-18	SI

General Comment:

A follow up inspection of FIR documents:
1) 700404771 dated 12-23-2020.

The following compliance issues are uncompleted:
1) Report past due monthly operations on Form 7. Complete by 1-11-2021.
2) Provide bradenhead access. Photo 2. Complete by 2-1-2021.
3) Well gas leaks. Photos 2, 3. Complete by 2-1-2021.

The emergency number 800-209-9762 was called on 2-5-2021 @ 2:32p to report the gas leak.

Well is located within a Rule 1202.d mule deer severe winter range area and mule deer concentration area.

This is a summary of inspection report 700405345.

Location

Overall Good:

Signs/Marker:

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

Emergency Contact Number:

Comment:

Corrective Action:

Date:

Overall Good:

Spills:

Type	Area	Volume		
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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:	Telemetry.		
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: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 231049 Type: WELL API Number: 103-08718 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. MIT on 8-3-2018.

Corrective Action: Submit required Form 7(s) to COGCC.

Date: 01/11/2021

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: 4" of snow on location.

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: Separator pit.

Corrective Action

Date:

Fencing:

Fencing Type: Wildlife Fencing Condition: Adequate

Comment:

Corrective Action

Date:

Netting:

Netting Type: Netting Condition:

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: Well 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		

