

FORM  
INSPRev  
X/20State of Colorado  
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Inspection Date:

02/25/2021

Submitted Date:

02/25/2021

Document Number:

699802659

## FIELD INSPECTION FORM

 Loc ID: 334525  
 Inspector Name: De Paolo, Corey  
 On-Site Inspection:   
 2A Doc Num:
**Status Summary:**

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

**Findings:**

- 18 Number of Comments
- 2 Number of Corrective Actions
- Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**Operator Information:**
 OGCC Operator Number: 10433  
 Name of Operator: LARAMIE ENERGY LLC  
 Address: 1401 17TH STREET SUITE #1400  
 City: DENVER State: CO Zip: 80202
**Contact Information:**

| Contact Name    | Phone | Email                                 | Comment |
|-----------------|-------|---------------------------------------|---------|
| Kellerby, Shaun |       | shaun.kellerby@state.co.us            |         |
| , Laramie       |       | cogccnotifications@laramie-energy.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name            | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------------|-------------|
| 289143      | WELL | PR     | 04/08/2015  | GW         | 077-09237 | RED MOUNTAIN RANCH 33-11 | PR          |
| 289144      | WELL | PR     | 02/08/2008  | GW         | 077-09236 | RED MOUNTAIN RANCH 33-13 | PR          |
| 289145      | WELL | PR     | 10/01/2020  | GW         | 077-09235 | RED MOUNTAIN RANCH 4-2   | PR          |
| 289146      | WELL | PR     | 10/03/2007  | GW         | 077-09234 | RED MOUNTAIN RANCH 33-14 | PR          |
| 289147      | WELL | PR     | 02/08/2008  | GW         | 077-09233 | RED MOUNTAIN RANCH 33-15 | PR          |

**General Comment:****COGCC Inspection Report Summary**

On Thursday 2/25/21 at approximately 12:00 hours, I, Inspector Corey De Paolo, Conducted, an on-site inspection at LARAMIE ENERGY LLC Red Mountain Ranch /33-11 Pad, Location #334525 in Mesa County Colorado.

While there, I observed normal production operations.

During this inspection the following possible compliance issues were observed: Wellhead sign weathered and not legible. See photo #2986 with a corrective action date of 3/25/21. Flow line heating insulation open ended and not capped. See photo #2987 with a corrective action date of 3/25/21.

A follow up on this site inspection needs to be conducted to ensure the Compliance issues have been corrected to comply with COGCC rules. This is a summary of inspection report.

| Location                                               |                                                                                                                                                                                          |        |                         |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------|
| <b>Lease Road:</b>                                     |                                                                                                                                                                                          |        |                         |
| Type                                                   | Access                                                                                                                                                                                   |        |                         |
| comment:                                               |                                                                                                                                                                                          |        |                         |
| Corrective Action                                      |                                                                                                                                                                                          |        | Date:                   |
| Overall Good: <input checked="" type="checkbox"/>      |                                                                                                                                                                                          |        |                         |
| <b>Signs/Marker:</b>                                   |                                                                                                                                                                                          |        |                         |
| Type                                                   | BATTERY                                                                                                                                                                                  |        |                         |
| Comment:                                               | Note there is no battery sign located at the battery. The previous information was posted at the entrance to location and does not meet the new battery sign requirements of Rule 605 e. |        |                         |
| Corrective Action:                                     |                                                                                                                                                                                          |        | Date:                   |
| Type                                                   | TANK LABELS/PLACARDS                                                                                                                                                                     |        |                         |
| Comment:                                               |                                                                                                                                                                                          |        |                         |
| Corrective Action:                                     |                                                                                                                                                                                          |        | Date:                   |
| Type                                                   | WELLHEAD                                                                                                                                                                                 |        |                         |
| Comment:                                               | Wellhead sign weathered and not legible. See photo #2986                                                                                                                                 |        |                         |
| Corrective Action:                                     | Operators will ensure that signs are well maintained and legible, and will replace damaged signs.                                                                                        |        | Date: <u>03/25/2021</u> |
| Emergency Contact Number:                              |                                                                                                                                                                                          |        |                         |
| Comment:                                               | <u>911</u>                                                                                                                                                                               |        |                         |
| Corrective Action:                                     |                                                                                                                                                                                          |        | Date: _____             |
| <b>Good Housekeeping:</b>                              |                                                                                                                                                                                          |        |                         |
| Type                                                   | UNUSED EQUIPMENT                                                                                                                                                                         |        |                         |
| Comment:                                               |                                                                                                                                                                                          |        |                         |
| Corrective Action:                                     |                                                                                                                                                                                          |        | Date:                   |
| Overall Good: <input checked="" type="checkbox"/>      |                                                                                                                                                                                          |        |                         |
| <b>Spills:</b>                                         |                                                                                                                                                                                          |        |                         |
| Type                                                   | Area                                                                                                                                                                                     | Volume |                         |
| In Containment: No _____                               |                                                                                                                                                                                          |        |                         |
| Comment: _____                                         |                                                                                                                                                                                          |        |                         |
| <input type="checkbox"/> Multiple Spills and Releases? |                                                                                                                                                                                          |        |                         |
| <b>Fencing/:</b>                                       |                                                                                                                                                                                          |        |                         |
| Type                                                   | LOCATION                                                                                                                                                                                 |        |                         |
| Comment:                                               | Barded wire fence around location                                                                                                                                                        |        |                         |
| Corrective Action:                                     |                                                                                                                                                                                          |        | Date:                   |
| <b>Equipment:</b>                                      |                                                                                                                                                                                          |        |                         |
| Type: Plunger Lift                                     | # 4                                                                                                                                                                                      |        | corrective date         |
| Comment:                                               | All wells on plunger lift                                                                                                                                                                |        |                         |
| Corrective Action:                                     |                                                                                                                                                                                          |        | Date:                   |
| Type: Bird Protectors                                  | # 2                                                                                                                                                                                      |        |                         |

|                                   |                                                                                                |       |            |
|-----------------------------------|------------------------------------------------------------------------------------------------|-------|------------|
| Comment:                          |                                                                                                | Date: |            |
| Corrective Action:                |                                                                                                | Date: |            |
| Type: Horizontal Heated Separator | # 1                                                                                            |       |            |
| Comment:                          |                                                                                                | Date: |            |
| Corrective Action:                |                                                                                                | Date: |            |
| Type: Bradenhead                  | # 4                                                                                            |       |            |
| Comment:                          | No form of pressure monitoring located on braden heads. All braden head valves are accessible. | Date: |            |
| Corrective Action:                |                                                                                                | Date: |            |
| Type: Gas Meter Run               | # 4                                                                                            |       |            |
| Comment:                          | All meter runs have been calibrated in the last year.                                          | Date: |            |
| Corrective Action:                |                                                                                                | Date: |            |
| Type: Other                       | # 3                                                                                            |       |            |
| Comment:                          | Flow line heating insulation open ended and not capped. See photo #2987                        | Date: |            |
| Corrective Action:                | Operators will prevent and minimize adverse impacts to wildlife resources.                     | Date: | 03/25/2021 |
| Type: Vertical Heated Separator   | # 4                                                                                            |       |            |
| Comment:                          |                                                                                                | Date: |            |
| Corrective Action:                |                                                                                                | Date: |            |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| METHANOL           | 1 | 1000 GAL | STEEL AST |         | ,      |
| Comment:           |   |          |           |         |        |
| Corrective Action: |   |          |           |         | Date:  |

Paint

|                  |          |  |
|------------------|----------|--|
| Condition        | Adequate |  |
| Other (Content)  |          |  |
| Other (Capacity) |          |  |
| Other (Type)     |          |  |

Berms

| Type               | Capacity                | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|-------------------------|---------------------|---------------------|-------------|
| Metal              | Adequate                | Walls Sufficient    | Base Sufficient     | Adequate    |
| Comment:           | Centralized containment |                     |                     |             |
| Corrective Action: |                         |                     |                     | Date:       |

| Contents           | # | Capacity | Type      | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|--------|
| CONDENSATE         | 3 | 300 BBLS | STEEL AST |         | ,      |
| Comment:           |   |          |           |         |        |
| Corrective Action: |   |          |           |         | Date:  |

Paint

|                 |          |  |
|-----------------|----------|--|
| Condition       | Adequate |  |
| Other (Content) |          |  |

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

**Berms**

| Type                                                              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |  |
|-------------------------------------------------------------------|----------|---------------------|---------------------|-------------|--|
| Metal                                                             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |  |
| Comment: <span style="color:blue;">Centralized containment</span> |          |                     |                     |             |  |
| Corrective Action:                                                |          |                     |                     | Date:       |  |

**Venting:**

|                    |    |  |  |       |  |
|--------------------|----|--|--|-------|--|
| Yes/No             | NO |  |  |       |  |
| Comment:           |    |  |  |       |  |
| Corrective Action: |    |  |  | Date: |  |

**Flaring:**

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

| Inspected Facilities                                                                                                     |                   |                              |                   |                         |
|--------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------|-------------------|-------------------------|
| Facility ID: <u>289143</u>                                                                                               | Type: <u>WELL</u> | API Number: <u>077-09237</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
| Producing Well                                                                                                           |                   |                              |                   |                         |
| Comment: <u>Producing</u>                                                                                                |                   |                              |                   |                         |
| Corrective Action:                                                                                                       |                   |                              |                   | Date:                   |
| Facility ID: <u>289144</u>                                                                                               | Type: <u>WELL</u> | API Number: <u>077-09236</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
| Idle Well                                                                                                                |                   |                              |                   |                         |
| Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____ |                   |                              |                   |                         |
| Comment: <u>Well has been PA</u>                                                                                         |                   |                              |                   |                         |
| Corrective Action:                                                                                                       |                   |                              |                   | Date: _____             |
| Facility ID: <u>289145</u>                                                                                               | Type: <u>WELL</u> | API Number: <u>077-09235</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
| Producing Well                                                                                                           |                   |                              |                   |                         |
| Comment: <u>Producing</u>                                                                                                |                   |                              |                   |                         |
| Corrective Action:                                                                                                       |                   |                              |                   | Date:                   |
| Facility ID: <u>289146</u>                                                                                               | Type: <u>WELL</u> | API Number: <u>077-09234</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
| Producing Well                                                                                                           |                   |                              |                   |                         |
| Comment: <u>Producing</u>                                                                                                |                   |                              |                   |                         |
| Corrective Action:                                                                                                       |                   |                              |                   | Date:                   |
| Facility ID: <u>289147</u>                                                                                               | Type: <u>WELL</u> | API Number: <u>077-09233</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
| Producing Well                                                                                                           |                   |                              |                   |                         |
| Comment: <u>Producing</u>                                                                                                |                   |                              |                   |                         |
| Corrective Action:                                                                                                       |                   |                              |                   | Date:                   |

**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                   |                       |               |                          |         |
| Gravel           |                 |                         |                       |               |                          |         |
| Berms            |                 |                         |                       |               |                          |         |
|                  |                 | Gravel                  |                       |               |                          |         |
|                  |                 | Culverts                |                       |               |                          |         |
|                  |                 | Drains                  |                       |               |                          |         |
| Ditches          |                 |                         |                       |               |                          |         |

Comment: Limited storm water inspection due to location being covered with snow. The location appears to have been plowed with the confines of the location BMP's.

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment                                                                     | User     | Date       |
|-----------------------------------------------------------------------------|----------|------------|
| <a href="#">Refer to Equipment and Signs/Marker for corrective actions.</a> | depaoloc | 02/25/2021 |

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description                 | URL                                                                                                                                                                 |
|--------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 699802660    | Photos for Insp. #699802659 | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5362581">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5362581</a> |