

Leak Detection and Repair (LDAR) Annual Report Form¹



Please submit via email to: cdphe_reg7LDAR_annualreports@state.co.us

Section 1: General Information

Company Name:	Halde Oil, Inc.		
Inspection Year:	2015	# Facilities Inspected: ²	6
Contact Person:	Kerry Halde	Title:	Owner
Phone Number:	719-346-0352	E-mail Address:	haldesand@centurytel.net

Section 2: LDAR Inspections

Inspection Method	# Inspections ³
AIMM at Natural Gas Compressor Stations:	N/A
AIMM at Well Production Facilities:	6
AVO at Well Production Facilities:	72
TOTAL	78

Section 3: Leaking Components Details

Component Type	# Leaks Identified ⁴	# Leaks Repaired	# Leaks on Delay of Repair List as of Dec 31
Valves:	0	0	0
Connectors:	0	0	0
Flanges:	0	0	0
Pump Seals:	N/A	N/A	N/A
Pressure Relief Devices:	0	0	0
TOTAL	0	0	0

Section 4: Responsible Official Certification

All information contained in the LDAR Annual Report must be certified by a responsible official as defined in Colorado Regulation No. 3, Part A, Section 1.B.38.

Please note the Colorado Statutes state that any person who knowingly, as defined in §18-1-501(6), C.R.S., makes any false material statement, representation, or certification in this document is guilty of a misdemeanor and may be punished in accordance with the provisions of §25-7-122.1, C.R.S.

I, the Responsible Official, have reviewed this annual report in its entirety and, based on information and belief formed after reasonable inquiry, I certify that the statements and information contained in this report are true, accurate and complete.

Printed/Typed Name - Responsible Official:	Title:
Kerry Halde	Owner
Signature:	Date:
	8/22/2016



Gas Ops Leak Detectives LLC

P.O. Box 545
Burlington, CO 80807

719.740.0721
goldllc@mail.com
www.goleakdetectives.com

HALDE OIL INC.
Burlington, Colorado 80807

Location Name:	BILL 23-26 2 and associated equipment		Date of inspection:	12/16/15	
County:	Cheyenne	Latitude:	38.89202	Longitude:	-102.079284
AIRS ID:		Section, Township, Range:	NE SW Sec.26 -T13S-R42W		
Inspection Type:					
Initial AIMM	<input checked="" type="checkbox"/>	Storage Tank	<input type="checkbox"/>	Periodic	<input type="checkbox"/>
		Remonitor	<input type="checkbox"/>	Well Production Facilities*	<input checked="" type="checkbox"/>
<small>*WPF includes, but is not limited to equipment used for storage, separation, treating, dehydration, artificial lift, combustion, compression, pumping, metering, monitoring and flow line</small>					
Name of person completing inspection:	Leonard L. Robinson (Flir ID # 83009)				

Well Production Facilities Component Type	Leaks Found	N/A		
Valves:	0			
Connectors:	0			
Flanges:	0			
Pump Seals:		N/A		
Pressure Relief Devices (PRD):	0			
TOTAL:	0			
Storage Tank Component Type	Leaks Found	N/A		
Thief Hatch				
Storage Tank Pressure Relief Devices (PRD):				
Other Storage Tank Access Points				
TOTAL:				
Leaking Component	Severity of Leak	Date of First Fix Attempt	Leak Fixed	Date Fixed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	



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List of Components Designated Unsafe, Difficult or Inaccessible to Monitor

Component	Explanation

Components Requiring Re-monitoring

Component	Result	Date

Comments:

Delayed Repair List

Component	Explanation

Signed By: Leonard L. Robinson

Print Name: Leonard L. Robinson



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Location Name:	BILL 34-26 4 and associated equipment		Date of Inspection:	12/16/15	
County:	Cheyenne	Latitude:	38.8889646	Longitude:	-102.079284
AIRS ID:		Section, Township, Range:	W ½ SE Sec.26 -T13S-R42W		
Inspection Type:					
Initial AIMM	<input checked="" type="checkbox"/>	Storage Tank	<input type="checkbox"/>	Periodic	<input type="checkbox"/>
		Remonitor	<input type="checkbox"/>	Well Production Facilities*	<input checked="" type="checkbox"/>
<small>*WPF includes, but is not limited to equipment used for storage, separation, treating, dehydration, artificial lift, combustion, compression, pumping, metering, monitoring and flow line</small>					
Name of person completing inspection:	Leonard L. Robinson (Flir ID # 83009)				

Well Production Facilities Component Type	Leaks Found	N/A		
Valves:	0			
Connectors:	0			
Flanges:	0			
Pump Seals:		N/A		
Pressure Relief Devices (PRD):	0			
TOTAL:	0			
Storage Tank Component Type	Leaks Found	N/A		
Thief Hatch				
Storage Tank Pressure Relief Devices (PRD):				
Other Storage Tank Access Points				
TOTAL:				
Leaking Component	Severity of Leak	Date of First Fix Attempt	Leak Fixed	Date Fixed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Location Name:	MAYER 12-2 1 and associated equipment		Date of Inspection:	12/16/15	
County:	Kiowa	Latitude:	38.609359	Longitude:	-102.544664
AIRS ID:		Section, Township, Range:	Sec.2-T17S-R46W		
Inspection Type:					
Initial AIMM	<input checked="" type="checkbox"/>	Storage Tank	<input type="checkbox"/>	Periodic	<input type="checkbox"/>
		Remonitor	<input type="checkbox"/>	Well Production Facilities*	<input checked="" type="checkbox"/>
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Valves:	0			
Connectors:	0			
Flanges:	0			
Pump Seals:		N/A		
Pressure Relief Devices (PRD):	0			
TOTAL:	0			
Storage Tank Component Type	Leaks Found	N/A		
Thief Hatch				
Storage Tank Pressure Relief Devices (PRD):				
Other Storage Tank Access Points				
TOTAL:				
Leaking Component	Severity of Leak	Date of First Fix Attempt	Leak Fixed	Date Fixed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Location Name:	NORRENE 13-2 1 and associated equipment			Date of Inspection:	12/16/15
County:	Cheyenne	Latitude:	38.948998	Longitude:	-102.201731
AIRS ID:		Section, Township, Range:	NW SW Sec.2 -T13S-R43W		
Inspection Type:					
Initial AIMM	<input checked="" type="checkbox"/>	Storage Tank	<input type="checkbox"/>	Periodic	<input type="checkbox"/>
				Remonitor	<input type="checkbox"/>
				Well Production Facilities*	<input checked="" type="checkbox"/>
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Valves:	0			
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Flanges:	0			
Pump Seals:		N/A		
Pressure Relief Devices (PRD):	0			
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Thief Hatch				
Storage Tank Pressure Relief Devices (PRD):				
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Leaking Component	Severity of Leak	Date of First Fix Attempt	Leak Fixed	Date Fixed
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Location Name:	WEXFORD 1 and associated equipment			Date of Inspection:	12/16/15
County:	Cheyenne	Latitude:	38.884236	Longitude:	-102.078538
AIRS ID:		Section, Township, Range:	NW NE Sec.35 –T13S-R42W		
Inspection Type:					
Initial AIMM	<input checked="" type="checkbox"/>	Storage Tank	<input type="checkbox"/>	Periodic	<input type="checkbox"/>
		Remonitor	<input type="checkbox"/>	Well Production Facilities*	<input checked="" type="checkbox"/>
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Storage Tank Pressure Relief Devices (PRD):				
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			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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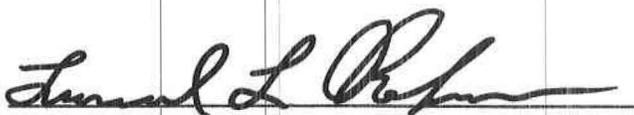
Components Requiring Re-monitoring

Component	Result	Date

Comments:

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Component	Explanation

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Print Name: Leonard L. Robinson