

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

07/09/2012

Document Number:

663901316

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>206174</u>	<u>312056</u>		<u>QUINT, CRAIG</u>

Operator Information:OGCC Operator Number: 18600 Name of Operator: COLORADO INTERSTATE GAS COMPANY LLCAddress: P O BOX 1087City: COLORADO State: CO Zip: 80944**Contact Information:**

Contact Name	Phone	Email	Comment
ONYSKIW, DENISE		denise.onyskiw@state.co.us	
Livley, Kevin	970-867-4243	Kevin.Livley@EIPaso.com	

Compliance Summary:QtrQtr: SENE Sec: 5 Twp: 34S Range: 42W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/26/2011	200316355	RT	SI	S			N
06/10/2010	200254976	RT	AC	S			N
06/02/2009	200211742	RT	SI	S			N
07/08/2008	200193137	RT	SI	S			N
07/10/2007	200114736	MI	SI	S		P	N
07/09/2007	200114510	MI	SI	S		P	N
08/02/2006	200094756	MI	SI	S		P	N
08/04/2005	200074938	RT	SI	S		P	N
08/09/2004	200058071	RT	SI	S		P	N
07/29/2003	200042387	RT	SI	S		P	N
08/09/2002	200029695	RT	SI	S		P	N
08/15/2001	200018862	MI	AC	S	I	P	N
03/07/2000	200005074	RT	AC	S	I	P	N
02/20/1997	500136705	PR	AC			P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
206173	WELL	IJ	10/24/2011	DSPW	009-40000	FLANK 1-SWD	
206174	WELL	IJ	01/01/1999		009-40001	FLANK 2-SWD	X

Equipment:Location Inventory

Inspector Name: QUINT, CRAIG

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	LEASE SIGN BY WELL		

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	WELL LOCATED IN COMPRESSOR YARD WITH CHAIN LINK FENCING.		

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 312056

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

Comment:**Staking:****On Site Inspection (305):****Surface Owner Contact Information:**

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:**Summary of Operator Response to Landowner Issues:****Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:****Facility**

Facility ID: 206174 Type: WELL API Number: 009-40001 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -8" HG
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: MRTNTC: Pressure or inches of Hg 0 PSIGPrevious Test Pressure _____ Last MIT: 07/10/2007

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: YESComment: TBG IJ @ 8" VACUUM, CASING HAD A LIGHT BLOW THAT DIED IMMEDIATELY. WELL NEEDS A 5 YEAR M.I.T.Method of Injection: GRAVITY FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____
 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Inspector Name: QUINT, CRAIG

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____