


<b>FORM INSP</b>  Rev 05/11	<b>State of Colorado</b>				DE	ET	OE	ES
	<b>Oil and Gas Conservation Commission</b>				Inspection Date: <u>03/26/2013</u>			
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109								

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	428395	428397	LABOWSKIE, STEVE		

Document Number: 669400528

Overall Inspection: Satisfactory

**Operator Information:**

OGCC Operator Number: 46685 Name of Operator: KINDER MORGAN CO2 CO LP

Address: 17801 HWY 491

City: CORTEZ State: CO Zip: 81321

**Contact Information:**

Contact Name	Phone	Email	Comment
Clayton, Bob	(970) 882-5507/ (303) 585-1309	bob_clayton@kindermorgan.com	Operations Superintendent (Dolores)

**Compliance Summary:**

QtrQtr: SWNE Sec: 14 Twp: 37N Range: 18W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/24/2013	669400424			S	I		N
09/20/2012	669400122	DG	DG	V			Y

**Inspector Comment:**

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**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name
428395	WELL	DG	08/21/2012		083-06697	YG 1
428410	PIT		03/30/2012		-	YG 1

**Equipment:** Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>1</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	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: <u>1</u>

**Location**

**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
PIT	Satisfactory			

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1	Satisfactory			

<b>Venting:</b>	
Yes/No	Comment

<b>Flaring:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

<b>Predrill</b>	
Location ID:	428397
<b>Site Preparation:</b>	
Lease Road Adeq.:	Satisfactory
Pads:	Satisfactory
Soil Stockpile:	Satisfactory
Corrective Action:	
Date:	
CDP Num.:	
<b>Form 2A COAs:</b>	

Group	User	Comment	Date
OGLA	kubeczkod	<p><b>SITE SPECIFIC COAs:</b></p> <p>Either a lined drilling pit or closed loop system must be implemented.</p> <p>Production pit or any other pit constructed to hold fluids or salt based cuttings must be lined.</p> <p>The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts prior to offsite disposal.</p> <p>No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.</p> <p>Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals, and maintained in good condition.</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines or buried permanent pipelines.</p> <p>If the well is to have hydraulic fracturing treatment, then flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline or pit located on the well pad or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material.</p> <p>All personnel must be H2S trained and proper air monitoring for H2S must be implemented during drilling, completion, and production operations. Emergency response plan for H2S must be onsite at all times.</p>	02/17/2012

**Comment:** soil stock pile issues adressed on previous inspections

**CA:**

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

**Wildlife BMPs:**

BMP Type	Comment
Storm Water/Erosion Control	Disturbed portions of the well pad not necessary for operation and maintenance of the well would be re-contoured and roughened to blend into the surrounding terrain. In addition, a landowner approved seed mix would be applied at the appropriate time using seeding and mulching methods outlined in the RSWMP.
Storm Water/Erosion Control	Fiber wattles will encompass the entire western periphery of the well pad

**Comment:**

**CA:**

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

**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present
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WADDLES	Yes	Self Inspection	Yes`	
Corrective Action: _____		Date: _____		
Comments: Erosion BMPs: _____				
Other BMPs: _____				
<b>Comment:</b> _____				
<b>Staking:</b>				
<b>On Site Inspection (305):</b>				
<u>Surface Owner Contact Information:</u>				
Name: _____		Address: _____		
Phone Number: _____		Cell Phone: _____		
<u>Operator Rep. Contact Information:</u>				
Landman Name: _____		Phone Number: _____		
Date Onsite Request Received: _____		Date of Rule 306 Consultation: _____		
Request LGD Attendance: _____				
<u>LGD Contact Information:</u>				
Name: _____		Phone Number: _____		Agreed to Attend: _____
<u>Summary of Landowner Issues:</u>				
<u>Summary of Operator Response to Landowner Issues:</u>				
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>				

Facility				
Facility ID: 428395	Type: WELL	API Number: 083-06697	Status: DG	Insp. Status: PR

Producing Well	
Comment:	

Environmental
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<b>Spills/Releases:</b>		
Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: _____		
Corrective Action: _____		Date: _____
Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____	Depth to Ground Water: _____	

<b>Water Well:</b>		
DWR Receipt Num: _____	Owner Name: _____	GPS : _____
		Lat _____ Long _____

<b>Field Parameters:</b>
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: CRP, DRY LAND

Comment: assume pit closure still waiting on final sample results/analysis, liner removed, small amount of precipitation accumulated in bootm.

1003a. Debris removed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Pit, cellars, rat holes and other bores closed? In 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? In Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? In 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? In

Production areas have been stabilized? Pass Segregated soils have been replaced? In

**RESTORATION AND REVEGETATION**

Cropland

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

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

Comment: \_\_\_\_\_

Overall Interim Reclamation In Process

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: DRY LAND

Reminder: \_\_\_\_\_

Comment: \_\_\_\_\_

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Inspector Name: LABOWSKIE, STEVE

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 \_\_\_\_\_ Multi-Well Location

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Waddles	Pass	Check Dams	Pass			
Tackifiers	Pass	Waddles	Pass			
Compaction	Pass	Compaction	Pass			

S/U/V: Satisfactory \_\_\_\_\_ Corrective Date: \_\_\_\_\_  
Comment: \_\_\_\_\_  
CA: \_\_\_\_\_

Permit:	Facility ID	Permit Num	Expiration Date
	428410	400254733	