

**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:

04/22/2014

Document Number:

668602525

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	206173	312056	QUINT, CRAIG	<input type="checkbox"/>	

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

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Lively, Kevin	(719) 520-4287	kevin.lively@kindermorgan.com	
KOEHLER, BOB		bob.koehler@state.co.us	

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

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/25/2013	668600981	IJ	AC	SATISFACTORY Y			No
07/09/2012	663901315	IJ	AC	SATISFACTORY Y			No
11/15/2011	663900088	IJ	SI	SATISFACTORY Y	P		No
07/26/2011	200316354	RT	AC	SATISFACTORY Y			No
12/13/2010	200288110	MI	SI	SATISFACTORY Y			No
11/23/2010	200284868	MI	SI	SATISFACTORY Y			No
06/10/2010	200254954	RT	AC	SATISFACTORY Y			No
06/02/2009	200211741	RT	AC	SATISFACTORY Y			No
07/08/2008	200193134	RT	AC	SATISFACTORY Y			No
07/08/2007	200114498	MI	AC	ACTION REQUIRED		Fail	Yes
08/02/2006	200094757	RT	AC	SATISFACTORY Y		Pass	No
08/04/2005	200074939	RT	AC	SATISFACTORY Y		Pass	No
08/09/2004	200058072	RT	AC	SATISFACTORY Y		Pass	No

Inspector Name: QUINT, CRAIG

07/29/2003	200042381	RT	SI	SATISFACTOR Y		Pass	No
10/01/2002	200031309	MI	SI	SATISFACTOR Y		Pass	No
08/09/2002	200029694	RT	SI	SATISFACTOR Y		Pass	No
08/09/2002	200030246	RT	SI	ACTION REQUIRED		Fail	Yes
08/15/2001	200018861	MI	AC	ACTION REQUIRED	I	Fail	Yes
03/07/2000	200005073	RT	AO	SATISFACTOR Y	I	Pass	No
02/20/1997	500136704	PR	AC			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150050	UIC DISPOSAL	AC	07/03/1980		-	FLANK SWD 1	AC	<input checked="" type="checkbox"/>
150204	UIC DISPOSAL	AC	07/03/1980		-	FLANK SWD 2	AC	<input type="checkbox"/>
206173	WELL	IJ	10/24/2011	DSPW	009-40000	FLANK 1-SWD	IJ	<input type="checkbox"/>
206174	WELL	IJ	01/01/1999	DSPW	009-40001	FLANK 2-SWD	IJ	<input type="checkbox"/>

Equipment:Location Inventory

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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	ACCESS THROUGH COMPRESSOR YARD.		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY	STICKERS AND STENCILS		
WELLHEAD	SATISFACTORY	LEASE SIGN MOUNTED ON SHED OVER WELLHEAD		

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

Corrective Date: _____

Inspector Name: QUINT, CRAIG

Comment:

Corrective Action:

Spills:

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

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	WELL IS LOCATED IN A COMPRESSOR YARD, WELLS AND EQUIPMENT FENCED WITH CHAIN LINK.		

The subreport 'rptInsp8' could not be found at the

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 206173

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Stormwater:****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: 150050 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -0" HG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

Comment: **CASING WAS DEAD, TBG INJ @ 0" VACUUM**

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

The subreport 'rptInsp12' could not be found at the

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

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

Land Use: _____

Comment: _____

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

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION**Cropland**

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

Non-Cropland

Top soil replaced	Pass	Recontoured	Pass	80% Revegetation	
1003 f. Weeds Noxious weeds?	P				
Comment:	UNUSED AREAS OF THE LOCATION ARE FOR THE COMPRESSOR YARD.				
Overall Interim Reclamation	Pass				

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	_____	Well Release on Active Location	<input type="checkbox"/>
		Multi-Well Location	<input type="checkbox"/>

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

Comment:

CA: