

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:
08/07/2014

Document Number:
668603002

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

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

Operator Information:

OGCC Operator Number: _____	18600
Name of Operator: _____	COLORADO INTERSTATE GAS COMPANY LLC
Address: _____	P O BOX 1087
City: _____	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	970-867-4243	kevin_lively@kindermorgan.com	

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)
04/22/2014	668602525			SATISFACTORY Y	P		No
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	200030246	RT	SI	ACTION REQUIRED		Fail	Yes
08/09/2002	200029694	RT	SI	SATISFACTOR Y		Pass	No
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 checked="" type="checkbox"/>
206173	WELL	IJ	10/24/2011	DSPW	009-40000	FLANK 1-SWD	SI	<input checked="" type="checkbox"/>
206174	WELL	IJ	01/01/1999	DSPW	009-40001	FLANK 2-SWD	SI	<input checked="" 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
WELLHEAD	SATISFACTORY	LEASE SIGN BY WELL		
TANK LABELS/PLACARDS	SATISFACTORY	STENCILS AND STICKERS.		

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	WELL IS LOCATED IN A COMPRESSOR YARD FENCED WITH CHAIN LINK.		

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 206173

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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

Facility ID: 150204 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 206173 Type: WELL API Number: 009-40000 Status: IJ Insp. Status: SI

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

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 07/12/2012

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

Comment: _____

Method of Injection: GRAVITY FEED

Test Type: Verification of Repairs Tbg psi: -2.5 HG Csg psi: 0 BH psi: _____

Insp. Status: Pass

Comment: HYDROTEST TUBING, REPLACE BAD JOINTS AND DRESS PACKER. CASING WAS DEAD, TBG HAD 2.5" VACUUM. MIRU KEY, LOAD CASING WITH 1 BBL WATER, PRESSURE CASING TO 345 PSIG, 5 MIN-340#, 10 MIN-340#, 15 MIN-340#, 15# PRESSURE, (PASS).

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 REVEGETATION

Cropland

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 _____ Well Release on Active Location Multi-Well Location

Inspector Name: QUINT, CRAIG

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR
Y
Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT