

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



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| DE | ET | OE | ES |
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Inspection Date:
11/18/2014

Document Number:
668500567

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>206150</u> | <u>321146</u> | <u>Welsh, Brian</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|--|
| OGCC Operator Number: | <u>18600</u> |
| Name of Operator: | <u>COLORADO INTERSTATE GAS COMPANY LLC</u> |
| Address: | <u>P O BOX 1087</u> |
| City: | <u>COLORADO</u> State: <u>CO</u> Zip: <u>80944</u> |

- 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: NENW Sec: 17 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/26/2011 | 200316634 | PR | AO | SATISFACTORY | | | No |
| 10/12/2007 | 200120801 | PR | AO | SATISFACTORY | | | No |
| 01/12/2001 | 200013318 | PR | PR | SATISFACTORY | I | Pass | No |
| 02/29/2000 | 200003993 | PR | AC | SATISFACTORY | I | Pass | No |
| 04/16/1999 | 500136665 | PR | PR | | | Pass | No |
| 05/28/1998 | 500136664 | PR | AC | | | Pass | No |
| 02/18/1997 | 500136663 | PR | PR | | | Pass | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|--|
| 206150 | WELL | PR | 11/26/1996 | OW | 009-06566 | FLANK 80 | PR <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 | DIRT ROAD THROUGH PASTURE | | | |
| Signs/Marker: | | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date | |
| CONTAINERS | SATISFACTORY | STICKER ON CHEMICAL DRUM | | | |
| WELLHEAD | SATISFACTORY | LEASE SIGN BY PIPE FENCE | | | |
| Emergency Contact Number (S/A/V): <u>SATISFACTORY</u> Corrective Date: _____ | | | | | |
| Comment: _____ | | | | | |
| Corrective Action: _____ | | | | | |
| Good Housekeeping: | | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date | |
| STORAGE OF SUPL | SATISFACTORY | STORAGE RACK FOR UNUSED EQUIPMENT NEXT TO SEPARATOR SHED | | | |
| 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 | PIPE FENCE AROUND UNIT, WELLHEAD, SEPARATOR SHED AND METER SHED | | | |
| Equipment: | | | | | |
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Gas Meter Run | 1 | SATISFACTORY | | | |
| Ancillary equipment | 3 | SATISFACTORY | TELEMETRY, CHEMICAL DRUM W/CONTAINMENT, ELEC PANEL & PHASE CONVERTOR | | |
| Prime Mover | 1 | SATISFACTORY | ELECTRIC MOTOR | | |
| Pump Jack | 1 | SATISFACTORY | LUFKIN UNIT | | |
| Deadman # & Marked | 4 | SATISFACTORY | | | |
| Horizontal Separator | 1 | SATISFACTORY | SEPARATOR IN SHED | | |

| | |
|-----------------|---------|
| Venting: | |
| Yes/No | Comment |
| NO | |

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

Predrill

Location ID: 206150

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: 206150 Type: WELL API Number: 009-06566 Status: PR Insp. Status: PR

Producing Well

Comment: **PRODUCING**

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:

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

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

Inspector Name: Welsh, Brian

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? _____ P _____

Comment: **UNUSED AREAS OF LOCATION ARE PASTURE**

Overall Interim Reclamation In Process

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

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | | | | | |
| Compaction | Pass | Compaction | Pass | MHSP | Pass | |

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT