

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 |
|----|----|----|----|

Inspection Date:
05/21/2015

Document Number:
668303599

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|--------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>219775</u> | <u>312240</u> | <u>SCHURE, KYM</u> | <input type="checkbox"/> | |

Operator Information:

| | |
|-----------------------|--|
| OGCC Operator Number: | <u>10322</u> |
| Name of Operator: | <u>EAST CHEYENNE GAS STORAGE LLC</u> |
| Address: | <u>999 18TH STREET #925 NORTH</u> |
| City: | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</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 |
|---------------|----------------|-------------------------|---------|
| Koehler, Bob | | bob.koehler@state.co.us | |
| Francis, Greg | (720) 351-4006 | gfrancis@mehllc.com | |
| Quint, Craig | | craig.quint@state.co.us | |

Compliance Summary:

QtrQtr: SWNE Sec: 6 Twp: 11N Range: 52W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/25/2014 | 667200241 | SI | SI | SATISFACTORY | | | No |
| 07/30/2013 | 664001165 | SI | AC | SATISFACTORY | | | No |
| 07/18/2012 | 663400633 | SI | AC | ACTION REQUIRED | P | | No |
| 05/10/2011 | 200310020 | RT | AC | SATISFACTORY | | | Yes |
| 03/26/2010 | 200238752 | MI | PD | SATISFACTORY | | | No |
| 02/09/2010 | 200231180 | CC | DG | SATISFACTORY | | | No |
| 01/07/2008 | 200124828 | PR | SI | ACTION REQUIRED | | | Yes |
| 07/12/2007 | 200115931 | PR | TA | ACTION REQUIRED | | Fail | Yes |
| 04/15/2005 | 200069690 | PR | TA | ACTION REQUIRED | | Fail | Yes |
| 03/04/2003 | 200035700 | PR | PR | SATISFACTORY | | Pass | No |
| 08/22/1996 | 500153327 | CO | | | | | |
| 01/26/1996 | 500153326 | PR | PR | | | Fail | Yes |
| 01/11/1995 | 500153325 | PR | PR | | | | |

Inspector Comment:

UIC/Routine Inspection Tubing pressure = 6.7 psi. Casing pressure = 280 psi.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|---------|---------------|-----------------------------|
| 100304 | PIT | CL | 02/12/2013 | | - | SCHWAKE A1 | CL <input type="checkbox"/> |

Inspector Name: SCHURE, KYM

| | | | | | | | | |
|--------|--------------|----|------------|------|-----------|--------------------|----|-------------------------------------|
| 159321 | UIC DISPOSAL | AC | 12/02/2009 | | - | SCHWAKE 1 | AC | <input type="checkbox"/> |
| 219775 | WELL | PR | 01/01/2015 | STRT | 075-07167 | SCHWAKE A-1 | PR | <input checked="" type="checkbox"/> |
| 429341 | WELL | WO | 01/29/2013 | LO | 075-09405 | ECGS 6-17 WPD001-1 | WO | <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 | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

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 |
|----------|------------------------------|--|-------------------|---------|
| WELLHEAD | SATISFACTORY | Wellhead area enclosed by chain link fence and gate. | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------|---|------------------------------|---------|-------------------|---------|
| Other | 0 | SATISFACTORY | | | |

Venting:

| Yes/No | Comment |
|--------|---------|
| | |

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

Predrill

Location ID: 219775

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: 219775 Type: WELL API Number: 075-07167 Status: PR Insp. Status: PR

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 6.7 psi Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: OSND

TC: Pressure or inches of Hg 280 psi Previous Test Pressure _____ Last MIT: 07/30/2013

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTRReq: _____

Comment: _____

Method of Injection: _____

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 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

Storm Water:

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

Inspector Name: SCHURE, KYM

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: Continue BMP's for stormwater erosion control and maintenance. No problems observed

CA: _____

Pits: NO SURFACE INDICATION OF PIT