

**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:
11/19/2015Document Number:
680000224Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
| | 226491 | 313862 | QUINT, CRAIG | 2A Doc Num: _____ |

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 | 970-867-4243 | kevin_lively@kindermorgan.com | |

Compliance Summary:QtrQtr: SWNE Sec: 25 Twp: 3N Range: 58W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/17/2015 | 668303545 | AC | AC | SATISFACTORY | | | No |
| 10/02/2014 | 667200558 | AC | AC | SATISFACTORY | | | No |
| 05/01/2014 | 667200071 | AC | SI | SATISFACTORY | | | No |
| 10/08/2013 | 664001328 | AC | SI | SATISFACTORY | | | No |
| 05/01/2013 | 664000948 | AC | AC | SATISFACTORY | | | No |
| 11/01/2012 | 663300740 | AC | AC | SATISFACTORY | P | | No |
| 04/30/2012 | 663400176 | AC | SI | SATISFACTORY | | | No |
| 10/14/2010 | 200279723 | BH | SI | SATISFACTORY | | | No |
| 04/21/2010 | 200243966 | BH | SI | SATISFACTORY | | | No |
| 03/16/2010 | 200236155 | MT | AC | SATISFACTORY | | | No |
| 03/02/2010 | 200233520 | CC | IO | SATISFACTORY | | | No |
| 10/15/2009 | 200220316 | BH | SI | SATISFACTORY | | | No |
| 10/15/2009 | 200220790 | BH | SI | SATISFACTORY | | | No |
| 04/09/2009 | 200208655 | BH | SI | SATISFACTORY | | | No |
| 10/30/2006 | 200099315 | ES | SI | ACTION REQUIRED | | Fail | Yes |
| 10/27/2006 | 200099314 | ES | SI | ACTION REQUIRED | | Fail | Yes |

Inspector Comment:

Bradenhead Inspection, No change in equipment

Related Facilities:

Inspector Name: QUINT, CRAIG

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------|-------------------------------------|
| 226491 | WELL | AC | 05/22/1972 | STOW | 087-07228 | FORT MORGAN UNIT 26 | AC | <input checked="" type="checkbox"/> |
| 415288 | PIT | | 01/27/2010 | | - | CONQUEST OIL | | <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 | Lease sign by well | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------------------------------------|-------------------|---------|
| WELLHEAD | SATISFACTORY | Fencing around all wellhead equipment | | |

Venting:

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

Flaring:

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

Predrill

Location ID: 226491

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** SATISFACTORY **Comment:** No issues observed**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: 226491 Type: WELL API Number: 087-07228 Status: AC Insp. Status: AC

BradenHead

Comment: Initial pressures, Bradenhead-85 psig, Production casing-148 psig, Tubing-1590 psig, Bradenhead blew down in 2 minutes, ISIP-0 psig

CA: _____

CA Date: _____

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: QUINT, CRAIG

| | | | |
|---|--|------------------------------|------------|
| Comment: <input style="width: 700px;" type="text"/> | | | |
| Corrective Action: _____ | | Date: _____ | |
| Reportable: _____ | GPS: Lat _____ | Long _____ | |
| Proximity to Surface Water: _____ | | Depth to Ground Water: _____ | |
| <u>Water Well:</u> | | | |
| | | Lat _____ | Long _____ |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ | |
| <u>Field Parameters:</u> | | | |
| <input style="width: 300px;" type="text"/> | | | |
| Sample Location: <input style="width: 400px;" type="text"/> | | | |
| Emission Control Burner (ECB): _____ | | | |
| Comment: _____ | | | |
| Pilot: _____ | Wildlife Protection Devices (fired vessels): _____ | | |

Reclamation - Storm Water - Pit

| | | | |
|---|---|---|--|
| <u>Interim Reclamation:</u> | | | |
| Date Interim Reclamation Started: _____ | | Date Interim Reclamation Completed: _____ | |
| Land Use: _____ | | | |
| Comment: <input style="width: 750px;" type="text"/> | | | |
| 1003a. | Debris removed? <u>Pass</u> CM _____ | | |
| | CA _____ | CA Date _____ | |
| | Waste Material Onsite? <u>Pass</u> CM _____ | | |
| | CA _____ | CA Date _____ | |
| | Unused or unneeded equipment onsite? <u>Pass</u> CM _____ | | |
| | CA _____ | CA Date _____ | |
| | Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____ | | |
| | CA _____ | CA Date _____ | |
| | Guy line anchors removed? <u>Pass</u> 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 | | | |
| <u>Cropland</u> | | | |
| | Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |

Inspector Name: QUINT, CRAIG

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT