

**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:
11/19/2015Document Number:
680000238Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	226378	313849	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	970-867-4243	kevin_lively@kindermorgan.com	

Compliance Summary:QtrQtr: SENV Sec: 36 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)
06/29/2015	668303667	IJ	IJ	SATISFACTORY			No
04/15/2015	668303537	IJ	IJ	SATISFACTORY			No
10/03/2014	667200549	IJ	IJ	SATISFACTORY			No
05/01/2014	667200063	IJ	SI	SATISFACTORY			No
04/02/2014	664001645	IJ	IJ	SATISFACTORY			No
10/08/2013	664001318	IJ	SI	SATISFACTORY			No
06/27/2013	664001085	IJ	AC	SATISFACTORY			No
05/06/2013	664000939	IJ	AC	SATISFACTORY			No
11/01/2012	663300737	IJ	IJ	SATISFACTORY	P		No
07/18/2012	663400629	IJ	SI	SATISFACTORY	P		No
04/30/2012	663400178	IJ	SI	SATISFACTORY			No
07/20/2011	200315986	MI	SI	SATISFACTORY			No
04/21/2010	200243827	RT	SI	SATISFACTORY			No
04/21/2010	200243826	BH	SI	SATISFACTORY			No
10/15/2009	200220643	BH	SI	SATISFACTORY			No
08/13/2009	200216526	RT	AC	SATISFACTORY			No
04/09/2009	200208643	RT	SI	SATISFACTORY			No
04/09/2009	200208640	BH	SI	SATISFACTORY			No
10/16/2008	200197805	RT	SI	SATISFACTORY			No
03/20/2007	200108388	RT	SI	SATISFACTORY		Pass	No

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05/30/2006	200091302	MI	SI	SATISFACTORY		Pass	No
08/30/2005	200076014	RT	SI	SATISFACTORY		Pass	No
08/31/2004	200059172	RT	SI	SATISFACTORY		Pass	No
05/15/2003	200038875	RT	SI	SATISFACTORY		Pass	No
04/10/2002	200026052	RT	AC	SATISFACTORY		Pass	No
07/27/2001	200018304	MI	SI	SATISFACTORY		Pass	No

Inspector Comment:

Routine UIC & Bradenhead Inspection, No change in equipment

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159063	UIC DISPOSAL	AC	08/08/2001		-	FORT MORGAN #18	AC	<input checked="" type="checkbox"/>
226378	WELL	IJ	08/08/2001	SI	087-07114	FORT MORGAN UNIT 18-WD	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			

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
<input type="checkbox"/> Multiple Spills and Releases?				

Venting:		
Yes/No	Comment	

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

Predrill

Location ID: 226378

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: 159063 Type: UIC API Number: - Status: AC Insp. Status: AC

Facility ID: 226378 Type: WELL API Number: 087-07114 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg -1" HG
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: DSNDTC: Pressure or inches of Hg 4 psigPrevious Test Pressure _____ Last MIT: 07/20/2011Brhd: Pressure or inches of Hg 62 psigPrevious Test Pressure _____ AnnMTReq: NOComment: Shut in, Casing had a light blow that died immediately, Tubing shut in w/1" vacuum. Blow down bradenhead for 30 minutes from 62 psig to 50 psig through a needle valve.

Method of Injection: _____

Test Type: _____

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: _____

Comment: _____

BradenHeadComment: Initial pressures, Bradenhead-62 psig, Production casing-4 psig, Tubing-1" vacuum, Blow down bradenhead from 62# to 50# f/30 minutes through a needle valve, ISIP-50 psig

CA: _____

CA Date: _____

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? Pass CM _____

CA _____ CA Date _____

Inspector Name: QUINT, CRAIG

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? Pass 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			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT