

**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

Inspection Date:

05/09/2016

Document Number:

679901505

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	206173	312056	Welsh, Brian	<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	
Quint, Craig		craig.quint@state.co.us	

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)
09/18/2015	679900419			SATISFACTORY			No
07/23/2015	679900078	IJ	IJ	SATISFACTORY			No
08/07/2014	668603002	IJ	SI	SATISFACTORY			No
04/22/2014	668602525			SATISFACTORY	P		No
06/25/2013	668600981	IJ	AC	SATISFACTORY			No
07/09/2012	663901315	IJ	AC	SATISFACTORY			No
11/15/2011	663900088	IJ	SI	SATISFACTORY	P		No
07/26/2011	200316354	RT	AC	SATISFACTORY			No
12/13/2010	200288110	MI	SI	SATISFACTORY			No
11/23/2010	200284868	MI	SI	SATISFACTORY			No
06/10/2010	200254954	RT	AC	SATISFACTORY			No
06/02/2009	200211741	RT	AC	SATISFACTORY			No
07/08/2008	200193134	RT	AC	SATISFACTORY			No
07/08/2007	200114498	MI	AC	ACTION REQUIRED		Fail	Yes
08/02/2006	200094757	RT	AC	SATISFACTORY		Pass	No
08/04/2005	200074939	RT	AC	SATISFACTORY		Pass	No
08/09/2004	200058072	RT	AC	SATISFACTORY		Pass	No
07/29/2003	200042381	RT	SI	SATISFACTORY		Pass	No
10/01/2002	200031309	MI	SI	SATISFACTORY		Pass	No

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08/09/2002	200030246	RT	SI	ACTION REQUIRED		Fail	Yes
08/09/2002	200029694	RT	SI	SATISFACTORY		Pass	No
08/15/2001	200018861	MI	AC	ACTION REQUIRED	I	Fail	Yes
03/07/2000	200005073	RT	AO	SATISFACTORY	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 type="checkbox"/>
150204	UIC DISPOSAL	AC	07/03/1980		-	FLANK SWD 2	AC	<input type="checkbox"/>
206173	WELL	IJ	10/24/2011	DSPW	009-40000	FLANK 1-SWD	AC	<input checked="" type="checkbox"/>
206174	WELL	IJ	01/01/1999	DSPW	009-40001	FLANK 2-SWD	IJ	<input type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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 mounted to metal shed		
TANK LABELS/PLACARDS	SATISFACTORY	Stickers on tanks		

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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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
Equipment:				
Type:	#	Satisfactory/Action Required:		
Comment				
Corrective Action				Date:
Venting:				
Yes/No	NO			
Comment				
Flaring:				
Type		Satisfactory/Action Required		
Comment:				
Corrective Action:			Correct Action Date:	

Predrill

Location ID: 206173

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** SATISFACTORY**Comment:** No COAs**CA:** _____**Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____**Date:** _____**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: 206173 Type: WELL API Number: 009-40000 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg -10" HG Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: KEYES

TC: Pressure or inches of Hg -3.5" HG Previous Test Pressure _____ Last MIT: 09/18/2015

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

Comment: CASING HAD LIGHT VACUUM THAT DIED WITHIN A MINUTE, TBG INJ @ -10" HG

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:

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. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

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Pit, cellars, rat holes and other bores closed? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass

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	Gravel	Pass			

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S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT