

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:
07/11/2016
Document Number:
680300824
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>226378</u>	<u>313849</u>	<u>SCHURE, KYM</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
Livley, Kevin	970-867-4243	kevin_lively@kindermorgan.com	
Quint, Craig		craig.quint@state.co.us	
Koehler, Bob		bob.koehler@state.co.us	

Compliance Summary:

QtrQtr: SENW 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)
04/19/2016	680300661	IJ	SI	SATISFACTORY			No
11/19/2015	680000238	IJ	SI	SATISFACTORY			No
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	200243826	BH	SI	SATISFACTORY			No
04/21/2010	200243827	RT	SI	SATISFACTORY			No
10/15/2009	200220643	BH	SI	SATISFACTORY			No
08/13/2009	200216526	RT	AC	SATISFACTORY			No

Inspector Name: SCHURE, KYM

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
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:

UIC/MIT SATISFACTORY Casing pressure before start = 0. Casing pressure @ start = 330 psi. Casing pressure @ 5 min. = 325 psi. Casing pressure @ 10 min. = 329 psi. Casing pressure @ 15 min. = 333 psi. Loss or Gain = +3 psi. Note to Operator: Please submit UIC/MIT Form 21 to COGIS via e-form. Form 21 FIR attached. Form 42 Doc#401068915 received.

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	SI	<input checked="" type="checkbox"/>
226378	WELL	IJ	08/08/2001	DSPW	087-07114	FORT MORGAN UNIT 18-WD	IJ	<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

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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: Other	# 0	Satisfactory/Action Required:	SATISFACTORY	
Comment	No change in surface equipment inventoried.			
Corrective Action		Date:		

Venting:	
Yes/No	
Comment	

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

Predrill

Location ID: 226378

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ Comment: _____

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

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 410

UIC Routine

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

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

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

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 333 BH psi: _____

Insp. Status: Pass

Comment: **Casing pressure before start = 0 psi. Casing pressure @ start = 330 psi. Casing pressure @ 5 min. = 325 psi. Casing pressure @ 10 min. = 329 psi. Casing pressure @ 15 min. = 333 psi. Loss or Gain = +3 psi. SATISFACTORY**

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

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? _____

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 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: SCHURE, KYM

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Other	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: Use BMP's for stormwater erosion control and management.

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
680300825	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3899704