

FORM
INSPRev
X/15

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:

09/30/2016

Submitted Date:

09/30/2016

Document Number:

685301510

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
313556 _____ St John, William (Cal) _____ 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
 FOLLOW UP INSPECTION REQUIRED
 NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 46685
 Name of Operator: KINDER MORGAN CO2 CO LP
 Address: 1001 LOUISIANA ST SUITE 1000
 City: HOUSTON State: TX Zip: 77002

Findings:

- 5 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Antipas, Andrew		barry_swift@kindermorgan.com	
Millican, Chris		chris_millican@kindermorgan.com	
Conway, Jamie		James_Conway@kindermorgan.com	All inspections
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Kennedy, Phil	970-270-7512	james_conway@kindermorgan.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224462	WELL	PR	09/12/2010	GW	083-06527	SANDY CANYON UNIT 8	PR

General Comment:

Location

Lease Road:

	Type Access		
comment:			
Corrective ActionL			Date:

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:

		#		corrective date
Type: Ancillary equipment		# 1		
Comment:	Wellhead			
Corrective Action:				Date:
Type: Deadman # & Marked		# 2		
Comment:				
Corrective Action:				Date:
Type: Flow Line		# 1		
Comment:				
Corrective Action:				Date:
Type: Other		# 1		
Comment:	1000 Gallon Tank and Pump on Spill Prevention.			
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			

Corrective Action:

Date:

Inspected Facilities

Facility ID: 224462 Type: WELL API Number: 083-06527 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Ditches	Pass			
Compaction	Pass	Compaction	Pass			
		Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT