

**FORM  
INSP**

Rev  
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:

685301513

**FIELD INSPECTION FORM**

Loc ID 313586 Inspector Name: St John, William (Cal) On-Site Inspection  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
Conway, Jamie		James_Conway@kindermorgan.com	All inspections
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Millican, Chris		chris_millican@kindermorgan.com	
Kennedy, Phil	970-270-7512	james_conway@kindermorgan.com	
Antipas, Andrew		barry_swift@kindermorgan.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
266642	WELL	PR	12/19/2002	GW	083-06604	SAND CANYON 10	PR

**General Comment:**

**Location**

<b>Lease Road:</b>			
	Type Access		
comment:			
Corrective ActionL			Date:

Overall Good:

<b>Signs/Marker:</b>			
	Type WELLHEAD		
Comment:			
Corrective Action:			Date:

<b>Emergency Contact Number:</b>			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>		Date: _____

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
	Type LOCATION		
Comment:	Post and Wire		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Flow Line	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Wellhead		
Corrective Action:			Date:

<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

<b>Flaring:</b>			
Type			

Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 266642 Type: WELL API Number: 083-06604 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			
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**     NO SURFACE INDICATION OF PIT