

**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:

685301517

FIELD INSPECTION FORM

Loc ID 313609 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:
4 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
Kennedy, Phil	970-270-7512	james_conway@kindermorgan.com	
Millican, Chris		chris_millican@kindermorgan.com	
Antipas, Andrew		barry_swift@kindermorgan.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292924	WELL	PR	06/26/2008	GW	083-06633	GOODMAN POINT 9	PR

General Comment:

Location			
Lease Road:			
Type	Access		
comment:			
Corrective Action			Date:
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Flow Line	# 1		corrective date
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Wellhead		
Corrective Action:			Date:
Type: Deadman # & Marked	# 3		
Comment:			
Corrective Action:			Date:
Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:
Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 292924 Type: WELL API Number: 083-06633 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	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT