

**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:  
10/27/2016  
Submitted Date:  
10/28/2016  
Document Number:  
685301668

**FIELD INSPECTION FORM**

Loc ID 313492 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:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Swift, Barry	970-882-5545	barry_swift@kindermorgan.com	<a href="#">SW Inspection Reports</a>
Labowskie, Steve		steve.labowskie@state.co.us	<a href="#">COGCC</a>
Conway, James	970-882-5505	james_conway@kindermorgan.com	<a href="#">SW Inspection Reports</a>
Millican, Chris	970-882-5504	chris_millican@kindermorgan.com	<a href="#">SW Inspection Reports</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224226	WELL	PR	05/23/1984	GW	083-06291	MCELMO DOME UNIT 12-37-19 HC-3	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: Flow Line		# 1		
Comment:				
Corrective Action:				Date:
Type: Deadman # & Marked		# 1		
Comment:				
Corrective Action:				Date:
Type: Ancillary equipment		# 1		
Comment:	Electric Service Equipment			
Corrective Action:				Date:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			

Corrective Action:

Date:

**Inspected Facilities**

Facility ID: 224226 Type: WELL API Number: 083-06291 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				
Berms	Pass	Compaction				
Compaction	Pass	Ditches				

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT