

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:

10/27/2016

Submitted Date:

10/31/2016

Document Number:

685301670

### FIELD INSPECTION FORM

Loc ID 313621 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
Millican, Chris	970-882-5504	chris_millican@kindermorgan.com	<a href="#">SW Inspection Reports</a>
Labowskie, Steve		steve.labowskie@state.co.us	<a href="#">COGCC</a>
Swift, Barry	970-882-5545	barry_swift@kindermorgan.com	<a href="#">SW Inspection Reports</a>
Conway, James	970-882-5505	james_conway@kindermorgan.com	<a href="#">SW Inspection Reports</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
295333	WELL	PR	06/06/2007	STRT	083-06646	HF 3	PR

**General Comment:**

Location			
<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action:			Date:
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:
<b>Emergency Contact Number:</b>			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	LOCATION		
Comment:	Post and Wire		
Corrective Action:			Date:
<b>Equipment:</b>			
Type: Ancillary equipment	# 1		corrective date
Comment:	Wellhead		
Corrective Action:			Date:
Type: Flow Line	# 1		
Comment:			
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: 295333 Type: WELL API Number: 083-06646 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	Check Dams	Pass			
		Waddles	Pass			
		Gravel	Pass			
		Culverts	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT