

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:

685301671

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
313518 _____ 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:

- 6 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	SW Inspection Reports
Conway, James	970-882-5505	james_conway@kindermorgan.com	SW Inspection Reports
Swift, Barry	970-882-5545	barry_swift@kindermorgan.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224324	WELL	PR	01/31/2011	GW	083-06389	MCELMO DOME UNIT 6-37-18 HF-1	PR

General Comment:

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action:			Date:

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

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

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	Post and Wire.		
Corrective Action:			Date:

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:			
Corrective Action:			Date:
Type: Flow Line	# 1		
Comment:			
Corrective Action:			Date:

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:			
Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 224324 Type: WELL API Number: 083-06389 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
Compaction	Pass	Compaction	Pass			
		Gravel	Pass			
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT