

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:

10/28/2016

Document Number:

685301661

### FIELD INSPECTION FORM

Loc ID 428680 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:**

- 8 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	<a href="#">All inspections</a>
Swift, Barry	970-882-5545	barry_swift@kindermorgan.com	<a href="#">SW Inspection Reports</a>
Millican, Chris		chris_millican@kindermorgan.com	
Labowskie, Steve		steve.labowskie@state.co.us	<a href="#">COGCC</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
428681	WELL	PR	07/23/2013	LO	083-06700	HE 6	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:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	<input style="width: 100%;" type="text"/>		
Corrective Action:	<input style="width: 100%;" type="text"/>		Date: _____
Overall Good: <input type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 100%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	LOCATION		
Comment:	Post and Wire		
Corrective Action:		Date:	
<b>Equipment:</b>			
Type: Other	# 1		corrective date
Comment:	Riser and Valve		
Corrective Action:		Date:	
Type: Other	# 1		
Comment:	Tank and Pump on Spill Prevention.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
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: 428681 Type: WELL API Number: 083-06700 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			
Waddles	Pass					
Check Dams	Pass					

Comment:

Corrective Action:

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

**Pits:**     NO SURFACE INDICATION OF PIT

**Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
685301661	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3987227">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3987227</a>