

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:

685301664

### FIELD INSPECTION FORM

Loc ID 313516 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:**

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

**Contact Information:**

Contact Name	Phone	Email	Comment
Millican, Chris		chris_millican@kindermorgan.com	
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>
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
224322	WELL	PR	04/19/1984	GW	083-06387	MCELMO DOME UNIT 35-38-19 HE-2	PR

**General Comment:**

**Location**

<b>Lease Road:</b>			
	Type Access		
comment:			
Corrective ActionL			Date:

Overall Good:

<b>Signs/Marker:</b>			
	Type WELLHEAD		
Comment:			
Corrective Action:			Date:

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

Overall Good:

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
	Type LOCATION		
Comment:	Post and Wire		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Flow Line	# 1		
Comment:			
Corrective Action:			Date:
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Wellhead		
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: 224322 Type: WELL API Number: 083-06387 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
Berms	Pass	Compaction	Pass			
Compaction	Pass	Ditches	Pass			
Gravel	Pass	Gravel	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
685301664	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3987230">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3987230</a>