

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:

401261271

Date Received:

04/17/2017

FIR RESOLUTION FORM

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

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

Contact Name and Telephone:

Name: _____

Phone: () Fax: ()

Email: _____

Additional Operator Contact:

Contact Name

Phone

Email

hannigan, Michael

michael_hannigan@kindermorgan.com

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tami_knight@kindermorgan.com

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970-882-5545

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COGCC INSPECTION SUMMARY:

FIR Document Number: 680601439

Inspection Date: 04/05/2017

FIR Submit Date: 04/13/2017

FIR Status: _____

Inspected Operator Information:

Company Name: KINDER MORGAN CO2 CO LP

Company Number: 46685

Address: 1001 LOUISIANA ST SUITE 1000

City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 322106

Location Name: DOE CANYON UT 15-40-18-N40N18W Number: 15NENE County: DOLORES

Qtrqr: NENE Sec: 15 Twp: 40N Range: 18W Meridian: N

Latitude: 37.739213 Longitude: -108.825847

FACILITY - API Number: 05-033-00 Facility ID: 208976

Facility Name: DC Number: #9

Qtrqr: NENE Sec: 15 Twp: 40N Range: 18W Meridian: N

Latitude: 37.739213 Longitude: -108.825847

CORRECTIVE ACTIONS:

1 ☒ CA# 70951

Corrective Action: Additional stormwater controls are needed to stabilize erosion in the southern portion of the project area.

Date: 05/19/2017

Response: CA COMPLETED

Date of Completion: 04/13/2017

Operator Comment: Additional rip-rap run down was installed. Rilling was repaired and re-seeded down slope and around the south west corner of the well pad.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Additional storm water controls were installed and rilling was repaired and re-seeded on southwest corner of well pad.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Tami Knight

Signed: _____

Title: Project Manager

Date: 4/17/2017 5:12:13 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number Description

401261271	FIR RESOLUTION SUBMITTED
401261293	Photos of Corrective Actions completed

Total Attach: 2 Files