

**FORM
INSP**Rev
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:

04/23/2018

Submitted Date:

04/26/2018

Document Number:

680303181**FIELD INSPECTION FORM**

Loc ID Inspector Name: On-Site Inspection ☐
 312347 SCHURE, KYM 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10322
 Name of Operator: EAST CHEYENNE GAS STORAGE LLC
 Address: 10370 RICHMOND AVE SUITE 510
 City: HOUSTON State: TX Zip: 77042

Status Summary:

- ☐ THIS IS A FOLLOW UP INSPECTION
☒ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:

7 Number of Comments
0 Number of Corrective Actions
☐ Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Francis, Greg	(720) 351-4006	gfrancis@mehllc.com	
Koehler, Bob		bob.koehler@state.co.us	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221223	WELL	IJ	02/03/2010	ERIW	075-60034	UPRR WI-2	SI

General Comment:

UIC/MIT (5yr) performed. Test FAILED - suspected packer leak - Operator is scheduling repair for re-test.

LocationOverall Good: ☒

Emergency Contact Number:

Comment: [Satisfactory](#)

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Security Chain Link		
Corrective Action:		Date:	

Equipment:

Type: Other	# 0		corrective date
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 221223 Type: WELL API Number: 075-60034 Status: IJ Insp. Status: SI**Underground Injection Control**UIC Violation: Failed MIT Maximum Injection Pressure: _____UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>JSND</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>07/30/2013</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: _____ BH psi: _____Insp. Status: Fail Leak Type: _____Comment: Well could not hold pressure during (15) min. duration of test. Suspected packer leak. Operator is scheduling repairs for re-test.

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	In Process	Other	In Process			

Comment: [Continue BMP's for stormwater erosion management](#)

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
UIC/MIT Failed - Operator is scheduling repair (suspected packer leak) and will reschedule MIT after repairs.	schureky	04/26/2018

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

Document Num	Description	URL
680303192	Form 21 copy FAILED TEST	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4446453