

**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:

06/15/2018

Submitted Date:

06/25/2018

Document Number:

685304898

FIELD INSPECTION FORM

Loc ID 451951 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:

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

Contact Information:

Contact Name	Phone	Email	Comment
Kinder, KinderMorgan		CO2Source_Regulatory@kindermorgan.com	SW Inspection Reports

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
451945	WELL	DG	06/08/2018		083-06728	CB 5	DG

General Comment:

[Inspection completed as routine inspection requirement.](#)

[This inspection does not alleviate requirement to complete any open corrective actions from previous inspections.](#)

[See link at end of report for path to downloadable pictures.](#)

Location

Lease Road:			
Type	Access		
comment:	Dirt and gravel access road.		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:	Signs in place.		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Labels directly on tanks.		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Labels directly on containers.		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Framed metal sign at location entrance.		
Corrective Action:		Date:	
Type	OTHER		
Comment:	Signs on soil piles.		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	Operator contact information posted on wellhead sign.		
Corrective Action:		Date:	

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Location Construction

Location ID: 451945 CDP: _____

Comment: Location construction was complete at time of inspection and Precision Rig 825 was in place setting surface casing.

Corrective Action: _____ **Date:** _____

Form 2A COAs:

Comment: It was noted that tacifier had been applied to some slope areas to help manage dust issues. Water to be used on roadways with posted speed limits. Closed loop system in place and mixing/drying tank on spill prevention and containments in place. The drilling/equipment area is covered with liner. Active H2S monitoring employed.

Corrective Action: _____ **Date:** _____

Wildlife BMPs:

Comment: Dumpsters are emptied and set in containments to control leakage or spill. Safety person at location entrance monitoring location and restricting personnel entrance. Trailer mounted and fire extinguishers noted at time of inspection. Soil piles separated and signage installed.

Corrective Action: _____ **Date:** _____

Stormwater:

Erosion BMPs	Present	Other BMPs	Present
BERMS	Yes	Covering Materials	Yes`

Comments: Erosion BMPs: Multiple erosion BMPs emplyed including ditched, compacted berms,tracked slopes, tacifier, drain, rip rap, and gravel. BMPs appeared to be functioning at time of inspection.

Other BMPs: Other BMPs noted were liners, mats, spill prevention containment under all motorized equipment, fuel storage, porta-jons, trash containers, barreled chemicals, and bagged supplies.

Corrective Action: _____ **Date:** _____

Comment: Stormwater and spill prevention measures taken by operator employ multiple BMPs. All were functioning at time of inspection and reflect a well thought out plan.

Corrective Action: _____ **Date:** _____

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

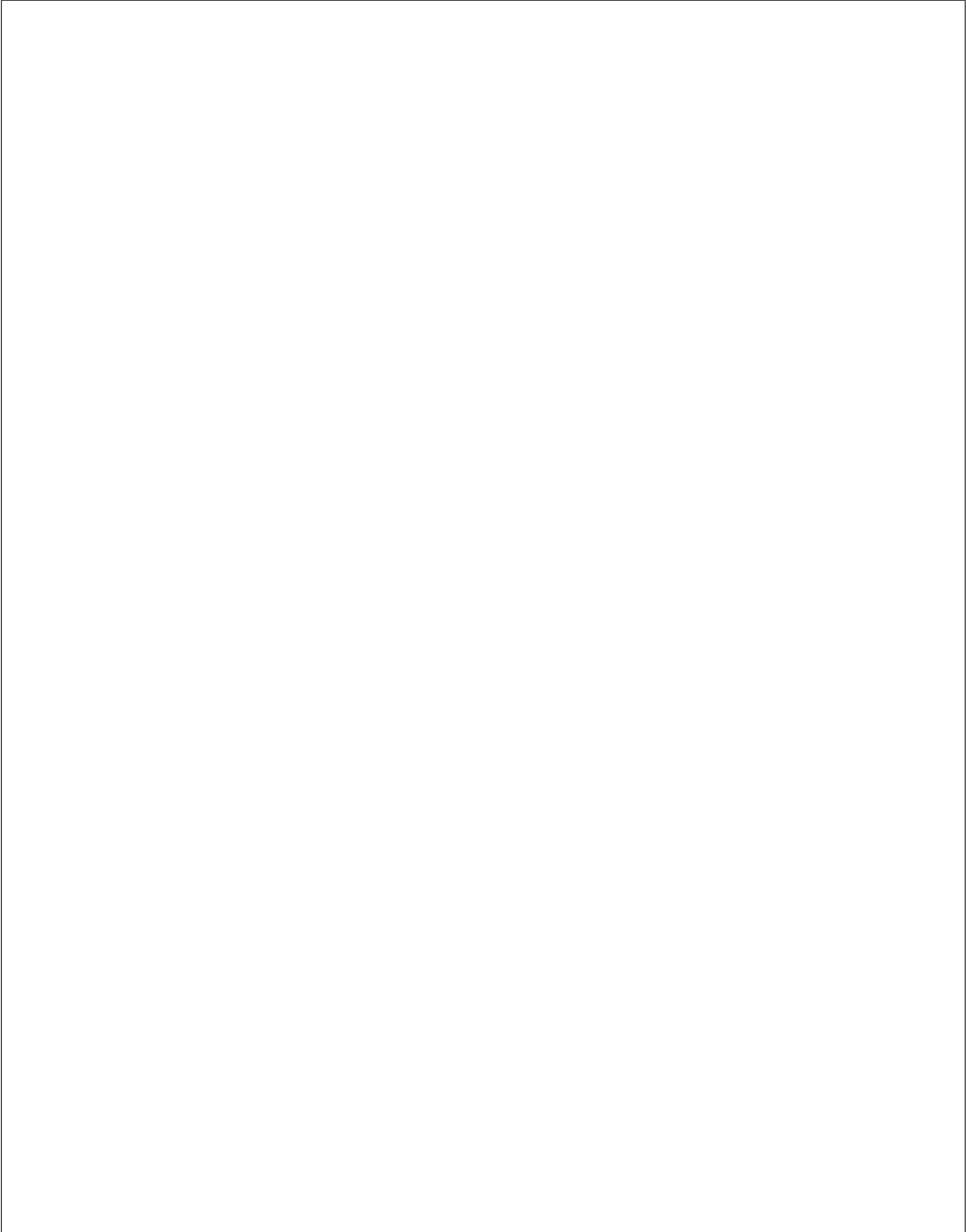
LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:



Inspected Facilities

Facility ID: 451945 Type: WELL API Number: 083-06728 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Precision 875 Pusher/Rig Manager: Joubert
Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: YES

Drill Fluids

Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: _____ Disposal Location: _____

Comment: Well has been spud completed and rig crew working setting surface casing.

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
Tackifiers	Pass					
Gravel	Pass					
Berms		Culverts	Pass	Covering Materials	Pass	
Check Dams		Blankets	Pass	Self Inspection	Pass	
Hydro Mulch	Pass					
Blankets		Check Dams	Pass	Material Handling And Spill Prevention	Pass	
Sediment Traps	Pass					
Drains	Pass	Compaction	Pass			
Ditches	Pass	Gravel	Pass			
Culverts	Pass	Ditches	Pass			
Compaction	Pass	Seeding	Pass	Vehicle Tracking	Pass	
Rip Rap	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
685304944	Inspection photos.	Inspection Template.pdf