

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401973057

Date Received:

03/14/2019

FIR RESOLUTION FORM

Overall Status: CAC

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

KinderMorgan

CO2Source\_Regulatory@kindermorgan.com

Fischer, Alex

alex.fischer@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 688800477

Inspection Date: 03/06/2019

FIR Submit Date: 03/08/2019

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: 450245

Location Name: CD Number: 3 County: MONTEZUMA

Qtrqr: SWSE Sec: 13 Twp: 38N Range: 19W Meridian: N

Latitude: 37.545010 Longitude: -108.893750

FACILITY - API Number: 05-083- -00 Facility ID: 450246

Facility Name: CD Number: 3

Qtrqr: SWSE Sec: 13 Twp: 38N Range: 19W Meridian: N

Latitude: 37.545010 Longitude: -108.893750

CORRECTIVE ACTIONS:

1 CA# 123062

Corrective Action: The operator shall submit a supplemental Spill/Release Report per Rule 906.b. Submit analytical results via a supplement Form 19 upon receipt.

Date: 03/14/2019

Response: CA COMPLETED

Date of Completion: 03/14/2019

Operator Comment: Doc #401972759 Form 19 (supplemental) submitted, analytical data included and closure of spill/release point ID 463123 requested

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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

Print Name: Chris S. Lopez

Signed: \_\_\_\_\_

Title: EHS Specialist

Date: 3/14/2019 4:50:07 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401973075	Form 19 Supplemental
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Total Attach: 1 Files