

**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:

06/05/2019

Submitted Date:

06/05/2019

Document Number:

692601977

FIELD INSPECTION FORM

Loc ID 312056 Inspector Name: Welsh, Brian 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: 18600
Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC
Address: P O BOX 1087
City: COLORADO State: CO Zip: 80944

Findings:

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

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

Contact Name	Phone	Email	Comment
Lively, Kevin	970-867-4243	kevin_lively@kindermorgan.com	
Quint, Craig		craig.quint@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
206174	WELL	SI	01/01/2019	DSPW	009-40001	FLANK 2-SWD	AC

General Comment:

[Routine UIC Inspection](#)

Location

Lease Road:			
Type	Access		
comment:	Access through compressor yard		
Corrective Action:		Date:	

Overall Good:

Signs/Marker:			
Type	CONTAINERS		
Comment:	Sticker on chemical tank		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Lease sign mounted to metal shed		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	<input style="width: 95%;" type="text"/>		
Corrective Action:	<input style="width: 95%;" type="text"/>	Date:	<input style="width: 80%;" type="text"/>

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
Comment:	<input style="width: 95%;" type="text"/>		
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
Type	LOCATION		
Comment:	Compressor yard fenced with chain link fence		
Corrective Action:		Date:	

Equipment:					corrective date
Type: Deadman # & Marked	# 4				
Comment:					
Corrective Action:		Date:			
Type: Ancillary equipment	# 5				
Comment:	Electric panel, overhead methanol tank w/containment, 130gal methanol tank w/containment next to condensate tanks, filter and transfer pump (in metal shed by tanks). Transfer pump not in use				
Corrective Action:		Date:			

Tanks and Berms:						
Contents	#	Capacity	Type	Tank ID	SE GPS	

PRODUCED WATER	1	300 BBLs	STEEL AST		37.114400,-102.181480
Comment: Water tank on west side of condensate tank					
Corrective Action:					Date:
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment: Shared berms					Date:
Corrective Action:					Date:
Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	300 BBLs	STEEL AST		37.114400,-102.181480
Comment:					
Corrective Action:					Date:
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					Date:
Corrective Action:					Date:
Venting:					
Yes/No	NO				
Comment:					Date:
Corrective Action:					Date:
Flaring:					
Type					
Comment:					Date:
Corrective Action:					Date:

Inspected Facilities

Facility ID: 206174 Type: WELL API Number: 009-40001 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>-26.5" Hg</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>MRTN</u>
TC:	Pressure or inches of Hg <u>0 PSIG</u>	Previous Test Pressure _____	Last MIT: <u>05/09/2016</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	AnnMTReq: <u>NO</u>

Comment: CASING HAD LIGHT VACCUUM, DIED IMMEDIATELY. TBG INJ @ -26.5" HG

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT