

**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:
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

Status Summary:

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

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	L	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:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:				
Type	Area	Volume		

In Containment: No

Comment:

☐ 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	
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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				
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:				
Corrective Action:				Date:

Venting:

Yes/No	NO	
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected FacilitiesFacility 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 -26.5" Hg Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: MRTN

TC: Pressure or inches of Hg 0 PSIG Previous Test Pressure _____ Last MIT: 05/09/2016

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: NO

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