

**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:

11/06/2019

Submitted Date:

11/06/2019

Document Number:

687905789**FIELD INSPECTION FORM**Loc ID 313545 Inspector Name: Stewart, Joseph On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 46685Name of Operator: KINDER MORGAN CO2 CO LPAddress: 1001 LOUISIANA ST SUITE 1000City: HOUSTON State: TX Zip: 77002**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**11 Number of Comments1 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
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Pesicka, Conor		conor.pesicka@state.co.us	
Hannigan, Michael	(970) 882-5532	CO2Source_Regulatory@kindermorgan.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224408	WELL	PR	03/06/2018	GW	083-06473	MCELMO DOME UNIT 36-37-18 MC-7	PR

General Comment:

Site inspection and equipment inventory with photos at the end of this report.

Location

Lease Road:			
Type	Access		
comment:	Gravel road access.		
Corrective Action	L	Date:	

Overall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	Sign posted at entrance to location.		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: Company contact information is current. Missing local area emergency contact information or "911" on location sign. See photo.

Corrective Action: Update sign to include local emergency contact or "911" per Rule 210.

Date: 12/06/2019

Overall Good: ☐

Spills:					
Type	Area	Volume			

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	Wellhead with block valve assembly installed.		
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	1-4" SS insulated and heat traced flowline from wellhead to offsite gathering system.		
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	4" flow control valve with control panel and 480V power panel.		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		

Corrective Action:		Date:	
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Inspected Facilities				
Facility ID: 224408	Type: WELL	API Number: 083-06473	Status: PR	Insp. Status: PR
Producing Well				
Comment:	Producing.			
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
Compaction	Pass	Ditches	Pass			
Gravel	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass			

Comment: [Stormwater BMP's appear to be functioning at time of inspection.](#)

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
402232967	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4982527
687905790	Sign missing emergency contact information.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4982496
687905791	Overview photo looking North.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4982497