

**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:

11/25/2019

Submitted Date:

12/02/2019

Document Number:

680306034

FIELD INSPECTION FORM

Loc ID 312236 Inspector Name: SCHURE, KYM 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: 10322
Name of Operator: EAST CHEYENNE GAS STORAGE LLC
Address: 10375 RICHMOND AVE SUITE 1900
City: HOUSTON State: TX Zip: 77042

Findings:

- 8 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
Francis, Greg	(720) 351-4006	gfrancis@geopinion.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219764	WELL	PR	10/01/2016	OW	075-07131	Jorritsma 7	PA

General Comment:

P&A Day (1)
Form 42 Doc# 402239909 received
Form 6 Doc# 402128845

Location

Lease Road:			
Type	Access		
comment:	Two track grassland - Continue BMP's until final reclamation is approved. Begin reclamation process upon completion of P&A		
Corrective ActionL		Date:	

Overall Good:

Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	Satisfactory		
Corrective Action:		Date:	_____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:			corrective date
Type: Other	# 0		
Comment:	No change in equipment inventoried. Remove all equipment and begin reclamation process upon completion of P&A		
Corrective Action:		Date:	

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 219764 Type: WELL API Number: 075-07131 Status: PR Insp. Status: PA

Cement

Cement Contractor

Contractor Name: Bohler Well Service

Contractor Phone: 970-522-3078

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): 5200

Cement Volume (sx): 20

Good Return During Job: YES

Cement Type: II

Comment: Safety meeting w/daily work plan JSA, MIRU, well pressure = 0, NU wellhead and BOP's, picked up (2 3/8) workstring, tagged @ (5200'), laid down (20'), established circulation, mixed (20)sks cement plug (4.09) bbls. @ (15.4#), displaced (19.36) bbls., stood back (1400'), laid the remaining down, SI well and SD for night. CIBP previously set Doc#402128845

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	In Process	Other	In Process			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
P&A Day 1	schureky	12/02/2019