

**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:

12/06/2019

Submitted Date:

12/13/2019

Document Number:

680306075

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 CUT/CAP WELLHEAD & FLOWLINE/BACKFILL COMPLETED

Location			
Lease Road:			
Type	Access		
comment:	Begin reclamation process. Contact COGCC Reclamation Group for directives		
Corrective ActionL		Date:	
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Leave sign at location of wellhead		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	Satisfactory		Date: _____
Corrective Action:			
Overall Good: <input type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
Comment:	Remove all equipment from location and begin reclamation process		
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): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: CUT/CAP WELLHEAD & FLOWLINE/BACKFILL COMPLETED P&A COMPLETED

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
Begin reclamation process, contact COGCC Reclamation Group when ready for final reclamation inspection/approval.	schureky	12/13/2019