

**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:

12/09/2019

Submitted Date:

12/13/2019

Document Number:

680306082**FIELD INSPECTION FORM**Loc ID 312343 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 10322Name of Operator: EAST CHEYENNE GAS STORAGE LLCAddress: 10375 RICHMOND AVE SUITE 1900City: HOUSTON State: TX Zip: 77042**Status Summary:**

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

Findings:8 Number of Comments0 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
264171	WELL	TA	12/19/2016	OW	075-40122	Gaylord 2	PA

General Comment:P&A - CUT/CAP Wellhead and Flowline/Backfill - COMPLETED

Location

Lease Road:			
Type	Access		
comment:	Use BMP's for erosion management until final reclamation is approved. Begin reclamation process. Contact COGCC Reclamation Group when ready for final reclamation inspection.		
Corrective ActionL		Date:	

Overall Good: ☐

Signs/Marker:			
Type	WELLHEAD		
Comment:	Place sign @ location of plugged wellhead		
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:	Remove all production equipment from location and begin reclamation process.		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 264171 Type: WELL API Number: 075-40122 Status: TA Insp. Status: PA**Cement**Cement ContractorContractor Name: Bohler Well ServiceContractor Phone: 970-522-3078Surface 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 AND 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: [Use BMP's for erosion management until final reclamation is approved. Begin reclamation process.](#)

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
P&A INCLUDING CUT/CAP/BACKFILL COMPLETED - BEGIN RECLAMATION PROCESS - CONTACT COGCC RECLAMATION GROUP WHEN READY FOR FINAL RECLAMATION INSPECTION.	schureky	12/13/2019