

**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:

03/24/2020

Submitted Date:

03/25/2020

Document Number:

699600600**FIELD INSPECTION FORM**Loc ID 313960 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**OGCC Operator Number: 98220Name of Operator: YOUNG GAS STORAGE COMPANY LTDAddress: P O BOX 1087City: COLORADO SPGS 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 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 |
|---------------|--------------|-------------------------------|---------|
| Lively, Kevin | 970-380-6011 | kevin_lively@kindermorgan.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 272062      | WELL | AC     | 04/28/2004  | STOW       | 087-08133 | YOUNG 45      | AC          |

**General Comment:**

Routine FIR - SATISFACTORY

**Location**

|                    |                       |       |  |
|--------------------|-----------------------|-------|--|
| <b>Lease Road:</b> |                       |       |  |
| Type               | Access                |       |  |
| comment:           | Satisfactory - Gravel |       |  |
| Corrective Action  |                       | Date: |  |

Overall Good: ☐

|                      |              |       |  |
|----------------------|--------------|-------|--|
| <b>Signs/Marker:</b> |              |       |  |
| Type                 | WELLHEAD     |       |  |
| Comment:             | Satisfactory |       |  |
| Corrective Action:   |              | Date: |  |

|                           |              |  |             |
|---------------------------|--------------|--|-------------|
| Emergency Contact Number: |              |  |             |
| Comment:                  | Satisfactory |  |             |
| Corrective Action:        |              |  | Date: _____ |

Overall Good: ☒

|                |      |        |  |  |
|----------------|------|--------|--|--|
| <b>Spills:</b> |      |        |  |  |
| Type           | Area | Volume |  |  |

In Containment: No

Comment: None

☐ Multiple Spills and Releases?

|                    |                     |       |  |
|--------------------|---------------------|-------|--|
| <b>Fencing/:</b>   |                     |       |  |
| Type               | WELLHEAD            |       |  |
| Comment:           | Security Chain Link |       |  |
| Corrective Action: |                     | Date: |  |

|                            |                            |       |                 |
|----------------------------|----------------------------|-------|-----------------|
| <b>Equipment:</b>          |                            |       | corrective date |
| Type: Flow Line            | # 1                        |       |                 |
| Comment:                   | Reversible                 |       |                 |
| Corrective Action:         |                            | Date: |                 |
| Type: Ancillary equipment  | # 1                        |       |                 |
| Comment:                   | Methanol injector          |       |                 |
| Corrective Action:         |                            | Date: |                 |
| Type: Ancillary equipment  | # 1                        |       |                 |
| Comment:                   | Chemical additive injector |       |                 |
| Corrective Action:         |                            | Date: |                 |
| Type: Gas Meter Run        | # 1                        |       |                 |
| Comment:                   |                            |       |                 |
| Corrective Action:         |                            | Date: |                 |
| Type: Horizontal Separator | # 1                        |       |                 |
| Comment:                   | Located within shed        |       |                 |
| 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      | Gravel                  | In Process            |               |                          |         |

Comment: [Continue BMP's](#)

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   |
|--------------|------------------|---|
| 699600601    | Wellhead - Equip | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5104979">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5104979</a> |