

**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:

07/09/2020

Submitted Date:

07/10/2020

Document Number:

699601373

**FIELD INSPECTION FORM**

Loc ID 333104 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: 72400  
Name of Operator: PUBLIC SERVICE COMPANY OF COLORADO  
Address: 1123 W 3RD AVE  
City: DENVER State: CO Zip: 80223

**Findings:**

4 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
Olowu, Nat	303-571-3699	nat.olowu@xcelenergy.com	Senior Gas Storage Reservoir Engineer
Quint, Craig		craig.quint@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
226689	WELL	IJ	12/01/2019	DSPW	087-07427	ROUNDUP 5 GAS STORAGE	UN

**General Comment:**

UIC Routine FIR 2020 - SATISFACTORY

**Location**

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No			
Comment:	<input type="text"/>		
Corrective Action:		Date:	<input type="text"/>

**Flaring:**

Type		
Comment:	<input type="text"/>	
Corrective Action:		Date: <input type="text"/>

**Inspected Facilities**

Facility ID: 226689 Type: WELL API Number: 087-07427 Status: IJ Insp. Status: UN

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg -13 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: LKTA  
 TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 08/06/2019  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Tubing = -13 psi. vacuum Surf. Casing = 0 psi. Prod. Casing = 0 psi. NG storage unit

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**COGCC Comments**

Comment	User	Date
UIC Routine FIR 2020 - SATISFACTORY	schureky	07/10/2020