

**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:

10/13/2020

Submitted Date:

10/15/2020

Document Number:

699601893

**FIELD INSPECTION FORM**

Loc ID: 313813 Inspector Name: SCHURE, KYM On-Site Inspection:  2A Doc Num: \_\_\_\_\_

**Operator Information:**

OGCC Operator Number: 18600  
Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC  
Address: P O BOX 1087  
City: COLORADO State: CO Zip: 80944

**Status Summary:**

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

**Findings:**

2 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 |
|---------------|--------------|-------------------------------|---------|
| 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 |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 225481      | WELL | AC     | 12/08/1954  | STOW       | 087-05892 | FORT MORGAN UNIT 6 | AC          |

**General Comment:**

Bradenhead FIR

**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: 225481 Type: WELL API Number: 087-05892 Status: AC Insp. Status: AC

**BradenHead**

Date of Last Brhd Test: \_\_\_\_\_ Annual Brhd Completed? #Error

Last Brhd Test Results Initial Surf Csg Pressure: \_\_\_\_\_ Fluid Type: \_\_\_\_\_

End Surf Csg Pressure: \_\_\_\_\_

Comment: Instantaneous PSIG = 0 Tubing = 1583 psi Prod. Casing = 3 psi Surf. Casing = 27 psi.

Corrective Action:

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