

**FORM  
INSP**

Rev  
X/20

**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:

03/22/2021

Submitted Date:

03/30/2021

Document Number:

699602338

**FIELD INSPECTION FORM**

Loc ID 312240 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:**

6 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
escobar, melisa		melisa.escobar@enstorinc.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
219775	WELL	IJ	01/01/2015	DSPW	075-07167	SCHWAKE A-1	UN

**General Comment:**

[Routine Site Inspection FIR - SATISFACTORY](#)

Location			
<b>Lease Road:</b>			
Type	Access		
comment:	Gravel to well		
Corrective Action:		Date:	
Overall Good: <input type="checkbox"/>			
<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	SATISFACTORY		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	SATISFACTORY		
Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>			
<b>Spills:</b>			
Type	Area	Volume	
In Containment: No			
Comment:	NONE		
<input type="checkbox"/> Multiple Spills and Releases?			
<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Security Chain Link		
Corrective Action:		Date:	
<b>Equipment:</b>			
Type: Other	# 0		corrective date
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	
<b>Venting:</b>			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	
<b>Flaring:</b>			
Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 219775 Type: WELL API Number: 075-07167 Status: IJ Insp. Status: UN