

**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:

699602339

FIELD INSPECTION FORM

Loc ID 312347 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:

- 7 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 |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 221223 | WELL | TA | 05/01/2020 | ERIW | 075-60034 | UPRR WI-2 | TA |

General Comment:

[Routine Site inspection FIR - SATISFACTORY](#)

Location

| | | | |
|--------------------|----------------|--|-------|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Gravel to well | | |
| Corrective ActionL | | | Date: |

Overall Good:

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

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

Overall Good:

| | | | |
|----------------|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |

In Containment: No
 Comment: NONE

Multiple Spills and Releases?

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

| | | | |
|--------------------|------------------------------------|--|-----------------|
| Equipment: | | | |
| Type: Other | # 0 | | corrective date |
| Comment: | No change in equipment inventoried | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------|----|--|-------|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------|--|--|-------|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Inspected Facilities

Facility ID: 221223 Type: WELL API Number: 075-60034 Status: TA Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

Corrective Action:

Date: _____