

**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:

10/13/2021

Submitted Date:

10/26/2021

Document Number:

701600390

FIELD INSPECTION FORM

Loc ID 313827 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: 18600
 Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC
 Address: P O BOX 1087
 City: COLORADO State: CO Zip: 80944

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 |
|---------------|--------------|-------------------------------|---------|
| 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 |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 225525 | WELL | AC | 04/15/1968 | STOW | 087-05941 | FORT MORGAN UNIT 10 | AC |

General Comment:

ROUTINE FIR - SATISFACTORY

Location

| | | | |
|--------------------|--------------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | SATISFACTORY | | |
| 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?

| | | | |
|--------------------|-----------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Other | # 0 | | |
| Comment: | NO CHANGE | | |
| Corrective Action: | | Date: | |

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

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

Inspected Facilities

Facility ID: 225525 Type: WELL API Number: 087-05941 Status: AC Insp. Status: AC

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 | Other | In Process | | | |

Comment: CONTINUE BMP'S FOR EROSION MANAGEMENT

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT