

**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:

11/16/2023

Submitted Date:

11/17/2023

Document Number:

701007630

FIELD INSPECTION FORM

Loc ID 312056 Inspector Name: Welsh, Brian 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:

- 7 Number of Comments
- 1 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
Quint, Craig		craig.quint@state.co.us	
Lively, Kevin	970-867-4243	kevin_lively@kindermorgan.com	
,	303-894-2100	dnr_cogccengineering@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
206174	WELL	SI	07/01/2021	DSPW	009-40001	FLANK 2-SWD	SI

General Comment:

[Verification of Repairs UIC MIT](#)

Location			
Lease Road:			
Type	Access		
comment:	Access through compressor yard		
Corrective Action:		Date:	
Overall Good: <input checked="" type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Lease sign mounted to metal shed		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Stickers on tanks		
Corrective Action:		Date:	
Type	CONTAINERS		
Comment:	Sticker on chemical tank		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Fencing/:			
Type	LOCATION		
Comment:	Compressor yard fenced with chain link fence		
Corrective Action:		Date:	
Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 206174 Type: WELL API Number: 009-40001 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: <u>MRTN</u>
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: <u>05/12/2021</u>
			AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: -10.5" Csg psi: 0 PSIG BH psi: _____

Insp. Status: Fail Leak Type: _____

Comment: INITIAL CSG HAD 0 PSI. MIRU WESTERN HOTOIL. LOADED W/1BBL. PRESSURED CSG TO 335 PSIG. 5-MIN 315#. 10-MIN 305#. 15-MIN 290#. -45 PSI LOSS

Corrective Action: Immediately shut in well and disconnect flowline or disable/LOTO injection pump Date: 11/17/2023

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	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
701007643	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6327440