

State of Colorado
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:
403601033

Date Received:
11/20/2023

FIR RESOLUTION FORM

Overall Status:

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

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

Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Quint, Craig</u>	<u>303-894-2100</u>	<u>craig.quint@state.co.us</u>
<u>Lively, Kevin</u>	<u>970-867-4243</u>	<u>kevin_lively@kindermorgan.com</u>

ECMC INSPECTION SUMMARY:

FIR Document Number: 701007630
Inspection Date: 11/16/2023 FIR Submit Date: 11/17/2023 FIR Status: _____

Inspected Operator Information:

Company Name: COLORADO INTERSTATE GAS COMPANY LLC Company Number: 18600
Address: P O BOX 1087
City: COLORADO SPRINGS State: CO Zip: 80944

LOCATION - Location ID: 312056

Location Name: FLANK-634S42W Number: 5SENE County: BACA
Qtrqr: SENE Sec: 5 Twp: 34S Range: 42W Meridian: 6
Latitude: 37.114207 Longitude: -102.182636

FACILITY - API Number: 05-009-00 Facility ID: 206174

Facility Name: FLANK Number: 2-SWD
Qtrqr: SENE Sec: 5 Twp: 34S Range: 42W Meridian: 6
Latitude: 37.114207 Longitude: -102.182636

CORRECTIVE ACTIONS:

1 CA# 188343

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

Response: CA COMPLETED Date of Completion: 11/20/2023

Operator Comment: The Flank SWD #02 well was shut in on November 16th and was disconnected from its flowline on November 20th.

ECMC Decision: _____

ECMC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: A photo taken on November 20th confirming that the Flank SWD #02 well was disconnected from its flowline is attached.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Anthony Trinko

Signed: _____

Title: Sr. Reservoir Engineer

Date: 11/20/2023 12:50:13 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on ECMC website (<http://ecmcweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
403601033	FIR RESOLUTION SUBMITTED
403601327	Flank SWD #02 Well Disconnected from Flowline.

Total Attach: 2 Files