

**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:

10/10/2024

Submitted Date:

10/14/2024

Document Number:

693807812

FIELD INSPECTION FORM

Loc ID 334319 Inspector Name: BROWNING, CHUCK On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Findings:

9 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

Operator Information:

ECMC Operator Number: 10841
Name of Operator: AMERICAN HELIUM OPERATING LLC
Address: 600 TRAVIS STREET SUITE 5050
City: HOUSTON State: TX Zip: 77002

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|--------------|-----------------------------|-----------------|
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Lapham, Ken | 979-877-4951 | klapham@americanhelium.us | All Inspections |
| Labowskie, Steve | | steve.labowskie@state.co.us | |
| Hartman, Laura | | lhartman@blm.gov | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 271702 | WELL | SI | 10/01/2017 | GW | 113-06138 | ANDY'S MESA 47 | TA |

General Comment:

ECMC staff performed a routine field inspection on 10/10/2024.
See inspection text and photos for details.
Any Corrective Actions from previous inspections that have not been addressed are still applicable.

Location

| | | | |
|--------------------|-------------|--|-------|
| Lease Road: | | | |
| | Type Access | | |
| comment: | | | |
| Corrective ActionL | | | Date: |
| | Type Main | | |
| comment: | | | |
| Corrective ActionL | | | Date: |

Overall Good:

| | | | |
|----------------------|---------------------------|--|-------|
| Signs/Marker: | | | |
| | Type WELLHEAD | | |
| Comment: | Sign on meter housing | | |
| Corrective Action: | | | Date: |
| | Type TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|----------------------------------|-----------------------|--|-------------|
| Emergency Contact Number: | | | |
| | Comment: 435-631-2239 | | |
| Corrective Action: | | | Date: _____ |

Overall Good:

| | | | |
|--|------|--------|--|
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |

| | | | |
|--------------------|---------------|--|-------|
| Fencing/: | | | |
| | Type WELLHEAD | | |
| Comment: | Panel fence | | |
| Corrective Action: | | | Date: |

| | | | |
|-----------------------------------|-----|--|-----------------|
| Equipment: | | | corrective date |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

| | | | |
|-----------------------|-----|--|-------|
| Type: Bird Protectors | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Bradenhead | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|-----------|-----------|---------|-----------------------|
| CONDENSATE | 1 | <100 BBLS | PBV STEEL | | 38.044420,-108.628069 |
| Comment: | Tank inside same berms as produced water tank | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | | |
| Other (Type) | | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER | 1 | 400 BBLS | STEEL AST | | 38.044420,-108.628069 |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Paint

| | | |
|------------------|----------|--|
| Condition | Adequate | |
| Other (Content) | | |
| Other (Capacity) | | |
| Other (Type) | | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Metal | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Comment: | | | | |
| Corrective Action: | | | | Date: |

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 271702 Type: WELL API Number: 113-06138 Status: SI Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Defined inactive 05/31/2012

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 10/25/2023 Annual Brhd Completed? Yes

Last Brhd Test Results Initial Surf Csg Pressure: 20 Fluid Type: VAPOR

End Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____ Date: _____

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

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

