

**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:

10/22/2024

Submitted Date:

10/23/2024

Document Number:

693807846

FIELD INSPECTION FORM

Loc ID 316818 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:

12 Number of Comments

3 Number of Corrective Actions

Corrective Action Response Requested

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

ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE

Contact Information:

| Contact Name | Phone | Email | Comment |
|------------------|--------------|-----------------------------|---------------------------------|
| Lapham, Ken | 979-877-4951 | klapham@americanhelium.us | All Inspections |
| Joyner, Ryan | 970.385.6289 | rjoyner@blm.gov | Tres Rios |
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Labowskie, Steve | | steve.labowskie@state.co.us | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 258264 | WELL | PR | 04/01/2023 | GW | 113-06080 | MCINTYRE CANYON 17-21 | SI |

General Comment:

[ECMC staff performed a routine field inspection on 10/22/2024.](#)

[Issues were found requiring corrective action. 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 | Main | | |
| comment: | | | |
| Corrective Action | | | Date: |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | | Date: |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| Signs/Marker: | | | |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type | WELLHEAD | | |
| Comment: | Sign not legible Sign not updated to reflect current operator | | |
| Corrective Action: | Install sign to comply with Rule 605.g. | | Date: 11/22/2024 |
| Emergency Contact Number: | | | |
| Comment: | 435-631-2237 Wrong Emergency contact number | | |
| Corrective Action: | Install sign to comply with Rule 605.d. | | Date: 11/22/2024 |
| Overall Good: <input checked="" type="checkbox"/> | | | |
| 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: | Gas Meter Run | # 1 | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: | Bird Protectors | # 1 | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: | Bradenhead | # 1 | |

| | | | |
|-----------------------------------|-----------|--|-------|
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Deadman # & Marked | # 4 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Horizontal Heated Separator | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Plunger Lift | # 1 | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type: Ancillary equipment | # 1 | | |
| Comment: | Telemetry | | |
| Corrective Action: | | | Date: |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---------------|-----------|-----------|---------|-----------------------|
| PRODUCED WATER | 1 | <100 BBLS | STEEL AST | | 38.076834,-108.991195 |
| Comment: | Blowdown tank | | | | |
| Corrective Action: | | | | | Date: |

Paint

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

Berms

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

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER | 3 | 400 BBLS | STEEL AST | | 38.076826,-108.991444 |
| Comment: | 2-400 bbl & 1-500 bbl tanks inside same berms | | | | |
| Corrective Action: | | | | | Date: |

Paint

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

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

| | | | | | |
|--------------------|----------|-----------------|----------------|----------|-------|
| Earth | Adequate | Walls Sufficent | Base Sufficent | Adequate | |
| Comment: | | | | | |
| Corrective Action: | | | | | Date: |

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 258264 Type: WELL API Number: 113-06080 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Well shut in 2/1/2024.

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 06/15/2023 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 11 Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: No annual bradenhead test Form 17 on file.

11/22/2024

Corrective Action: Submit Form 17 as directed by Rule 419.c

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Compaction | Pass | | | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|---------------------------------|---|
| 693807849 | Inspection photos 10/22/2024 | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6757496 |