

**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:

02/28/2025

Submitted Date:

02/28/2025

Document Number:

693808041**FIELD INSPECTION FORM**Loc ID 316848 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC Operator Number: 10841Name of Operator: AMERICAN HELIUM OPERATING LLCAddress: 600 TRAVIS STREET SUITE 5050City: HOUSTON State: TX Zip: 77002**Status Summary:**

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

Findings:

- 11 Number of Comments
- 2 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
Labowskie, Steve		steve.labowskie@state.co.us	
,		dnr_cogccengineering@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Lapham, Ken	979-877-4951	klapham@americanhelium.us	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
272740	WELL	SI	04/16/2015	GW	113-06148	ANDY'S MESA UNIT 63	TA

General Comment:

ECMC staff performed Optical Gas Imaging Survey inspection on 2/28/2025.
Issues were found requiring corrective action. See inspection text and photos for details.

Location**Lease Road:**

Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:	Sign on meter housing		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	435-631-2239		
Corrective Action:		Date:	

Overall Good: ☐**Spills:**

Type	Area	Volume		
------	------	--------	--	--

In Containment: No

Comment: ☐ 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: Gas Meter Run	#		
Comment:			
Corrective Action:		Date:	
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Flow Line	# 1		
Comment:	Off location flowline riser and valve		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
	1	300 BBLs	STEEL AST		38.020426,-108.605100	
Comment:	Tanks are rusted , pitted, or peeling paint, or show evidence of inadequate repair. Tank has rusted through and collapsed on 1 side.					
Corrective Action:	Inspect, maintain and repair tanks to comply with rule 609.b.				Date:	03/28/2025

Paint

Condition	Inadequate	
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:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	272740	Type:	WELL	API Number:	113-06148	Status:	SI	Insp. Status:	TA
Idle Well									
Purpose:		<input type="checkbox"/> Shut In		<input checked="" type="checkbox"/> Temporarily Abandoned		Reminder:			
Comment:		Well chained/locked out by BLM.							
Corrective Action:								Date:	
BradenHead									
Date of Last Brhd Test:		10/27/2023		Annual Brhd Completed?		No			
Last Brhd Test Results		Initial Surf Csg Pressure:		0		Fluid Type:		NONE	
		End Surf Csg Pressure:		00					
Comment:		No annual bradenhead test Form 17 on file.						03/28/2025	
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

Optical Gas Imaging SurveySurvey Type: ComplaintCurrent Operations: ☐ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: _____ Long: _____

Wind: Calm Speed: _____ (mph) Direction From: _____ Weather: Clear Temperature: 50 (F)Assisting Staff: _____ Camera #: 2☐ Visible Smoke ☐ Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
11:00	AM	11:20	AM

Equipment
Water Tank(s)
Wellhead(s)
Flowline

Comment: Tank has rusted through and collapsed on 1 side.
No visible vapors detected on FLIR camera.
See attached video MOV_3706.MP4Corrective
Action:

Date:

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

Document Num	Description	URL
693808043	FLIR Video of collapsed tank 2/28/2025	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6940255
693808047	Inspection photos 2/28/2025	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6940256