

**FORM
INSP**Rev
05/11**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:

07/11/2016

Document Number:

680300826

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 225509 | 313821 | SCHURE, KYM | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 18600Name of Operator: COLORADO INTERSTATE GAS COMPANY LLCAddress: P O BOX 1087City: COLORADO State: CO Zip: 80944

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

| Contact Name | Phone | Email | Comment |
|---------------|--------------|-------------------------------|---------|
| Livley, Kevin | 970-867-4243 | kevin_livley@kindermorgan.com | |

Compliance Summary:QtrQtr: NESW Sec: 25 Twp: 3N Range: 58W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/19/2016 | 680300651 | IJ | SI | SATISFACTORY | | | No |
| 11/19/2015 | 680000221 | IJ | AC | SATISFACTORY | | | No |
| 06/29/2015 | 668303668 | IJ | UN | SATISFACTORY | | | No |
| 04/15/2015 | 668303524 | IJ | IJ | SATISFACTORY | | | No |
| 10/03/2014 | 667200535 | IJ | IJ | SATISFACTORY | | | No |
| 05/01/2014 | 667200050 | IJ | SI | SATISFACTORY | | | No |
| 04/02/2014 | 664001646 | IJ | IJ | SATISFACTORY | | | No |
| 10/08/2013 | 664001304 | IJ | SI | SATISFACTORY | | | No |
| 06/27/2013 | 664001083 | IJ | AC | SATISFACTORY | | | No |
| 05/03/2013 | 664000926 | IJ | IJ | SATISFACTORY | | | No |
| 11/01/2012 | 663300733 | IJ | IJ | SATISFACTORY | P | | No |
| 07/18/2012 | 663400630 | IJ | AC | SATISFACTORY | P | | No |
| 01/23/2012 | 665400066 | IJ | IJ | SATISFACTORY | | | No |
| 07/20/2011 | 200315515 | RT | AC | SATISFACTORY | | | No |
| 06/23/2010 | 200258462 | RT | AC | SATISFACTORY | | | No |
| 04/21/2010 | 200243815 | BH | SI | SATISFACTORY | | | No |
| 10/15/2009 | 200220781 | BH | SI | SATISFACTORY | | | No |
| 10/15/2009 | 200220307 | BH | SI | SATISFACTORY | | | No |
| 08/13/2009 | 200216522 | RT | AC | SATISFACTORY | | | No |
| 04/09/2009 | 200208646 | BH | SI | SATISFACTORY | | | No |

Inspector Name: SCHURE, KYM

| | | | | | | | |
|------------|-----------|----|----|--------------|---|------|----|
| 04/09/2009 | 200208647 | BH | SI | SATISFACTORY | | | No |
| 10/16/2008 | 200197807 | RT | AC | SATISFACTORY | | | No |
| 03/20/2007 | 200108387 | MI | AC | SATISFACTORY | | Pass | No |
| 05/30/2006 | 200091304 | RT | AC | SATISFACTORY | | Pass | No |
| 08/30/2005 | 200076013 | RT | AC | SATISFACTORY | | Pass | No |
| 08/31/2004 | 200059169 | RT | SI | SATISFACTORY | | Pass | No |
| 05/15/2003 | 200038873 | RT | AC | SATISFACTORY | | Pass | No |
| 04/10/2002 | 200026055 | MI | AC | SATISFACTORY | | Pass | No |
| 07/27/2001 | 200018301 | RT | AC | SATISFACTORY | | Pass | No |
| 05/02/2000 | 200006715 | RT | AC | SATISFACTORY | P | Pass | No |

Inspector Comment:

UIC Routine SATISFACTORY Tubing pressure = 0 Casing pressure = 0. No problems observed.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|--------------|--------|-------------|------------|-----------|---------------------------|-------------|-------------------------------------|
| 150052 | UIC DISPOSAL | AC | 05/06/1963 | | - | FORT MORGAN UNIT 5 | SI | <input checked="" type="checkbox"/> |
| 225509 | WELL | IJ | 01/19/2012 | DSPW | 087-05922 | FORT MORGAN UNIT 5 -WD | IJ | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: _____ | Oil Tanks: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Inspector Name: SCHURE, KYM

| | | | | |
|--|---|--|----------------------|---------|
| Spills: | | | | |
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |
| Fencing/: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |
| Equipment: | | | | |
| Type: Other | # 0 | Satisfactory/Action Required: SATISFACTORY | | |
| Comment | No change in surface equipment inventoried. | | | |
| Corrective Action | | | | Date: |
| Venting: | | | | |
| Yes/No | | | | |
| Comment | | | | |
| Flaring: | | | | |
| Type | | Satisfactory/Action Required | | |
| Comment: | | | | |
| Corrective Action: | | | Correct Action Date: | |

Predrill

Location ID: 225509

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Comment:** _____**Staking:****On Site Inspection (305):**Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 150052 Type: UIC API Number: - Status: AC Insp. Status: SI

Inspector Name: SCHURE, KYM

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **No problems found**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 225509 Type: WELL API Number: 087-05922 Status: IJ Insp. Status: IJ

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? _____

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____

CM _____

CA _____

CA Date _____

Pit, cellars, rat holes and other bores closed? _____

CM _____

CA _____

CA Date _____

Guy line anchors marked? _____

CM _____

CA _____

CA Date _____

1003b. Area no longer in use? _____

Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____

Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____

Pit mouse/rat holes, cellars backfilled _____

Debris removed _____

No disturbance /Location never built _____

Access Roads _____

Regraded _____

Contoured _____

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence _____

Comment: _____

Corrective Action: _____

Date _____

Overall Final Reclamation _____

Well Release on Active Location ☐Multi-Well Location ☐

Inspector Name: SCHURE, KYM

| Storm Water: | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Gravel | Pass | Other | Pass | | | |

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: Use BMP's for stormwater erosion control and management

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT