

FORM
INSPRev
X/15

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:

10/27/2016

Submitted Date:

10/31/2016

Document Number:

685301673

FIELD INSPECTION FORM

Loc ID 313512 Inspector Name: St John, William (Cal) On-Site Inspection 2A Doc Num: _____

Status Summary:

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

Operator Information:

OGCC Operator Number: 46685
 Name of Operator: KINDER MORGAN CO2 CO LP
 Address: 1001 LOUISIANA ST SUITE 1000
 City: HOUSTON State: TX Zip: 77002

Findings:

- 7 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Swift, Barry	970-882-5545	barry_swift@kindermorgan.com	SW Inspection Reports
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Millican, Chris	970-882-5504	chris_millican@kindermorgan.com	SW Inspection Reports
Conway, James	970-882-5505	james_conway@kindermorgan.com	SW Inspection Reports

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224318	WELL	PR	08/20/1996	GW	083-06383	MCELMO DOME HA-3	PR

General Comment:

Location

Lease Road:

	Type Access		
comment:			
Corrective ActionL			Date:

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment: _____

Multiple Spills and Releases?

Equipment:

			corrective date
Type: Ancillary equipment # 1			
Comment: Wellhead			
Corrective Action:			Date:
Type: Deadman # & Marked # 4			
Comment:			
Corrective Action:			Date:
Type: Flow Line # 1			
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment # 1			
Comment: Electric Service Equipment			
Corrective Action:			Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			

Corrective Action:

Date:

Inspected Facilities

Facility ID: 224318 Type: WELL API Number: 083-06383 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

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			
Gravel	Pass	Ditches	Pass			
Berms	Pass					
Ditches	Pass	Gravel	Pass			
Culverts	Pass					

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT