

**FORM
INSP**Rev
X/15

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

01/10/2017

Submitted Date:

01/11/2017

Document Number:

680301568**FIELD INSPECTION FORM**

Loc ID 313821 Inspector Name: SCHURE, KYM 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: 18600Name of Operator: COLORADO INTERSTATE GAS COMPANY LLCAddress: P O BOX 1087City: COLORADO State: CO Zip: 80944**Findings:**3 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Lively, Kevin	970-380-6011	kevin_lively@kindermorgan.com	
Koehler, Bob		bob.koehler@state.co.us	
Livley, Kevin	970-867-4243	kevin_lively@kindermorgan.com	

Inspected 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	AC
225509	WELL	IJ	01/19/2012	DSPW	087-05922	FORT MORGAN UNIT 5-WD	AC

General Comment:

UIC/MIT Form 42 Doc# 401174341 received 12/28/2016

RESULT OF TEST - FAILED - Well lost pressure within first (5) min.

Note to Operator - Contact COGCC UIC Manager Bob Koehler for directives. Shut-in well and well must remain out of service until repaired and successful MIT has been performed.

Inspected Facilities

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

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

Underground Injection Control

UIC Violation: Failed MIT Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND
 TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 01/17/2012
 Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: _____ Csg psi: 450 BH psi: _____

Insp. Status: Fail Leak Type: _____

Comment: Well loaded with fluid, pressurized to 450 psi., lost pressure within first (5) min. of test.

Corrective Action: Shut-in well. Well must remain out-of-service until repairs are performed and successful MIT has been witnessed. Contact Dr. Bob Koehler @ COGCC for directives. Corrective action date relates to requirement for shut-in well status. Corrective action date for MIT failure determined by COGCC Bob Koehler - please contact Mr. Koehler immediately upon receipt of this FIR. Date: 01/11/2017

COGCC Comments

Comment	User	Date
<u>FAILED UIC/MIT - Contact COGCC UIC Manager - Dr. Robert Koehler for directives. Well must be shut-in and remain out-of-service until repairs are performed and successful MIT is witnessed by COGCC staff.</u>	<u>schureky</u>	<u>01/11/2017</u>