

**FORM
INSP**

Rev
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:

06/08/2017

Submitted Date:

06/20/2017

Document Number:

673715573

FIELD INSPECTION FORM

Loc ID 320717 Inspector Name: Sherman, Susan 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: 18600
Name of Operator: COLORADO INTERSTATE GAS COMPANY LLC
Address: P O BOX 1087
City: COLORADO State: CO Zip: 80944

Findings:

- 8 Number of Comments
- 1 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Lively, Kevin	(719) 520-4287	kevin_lively@kindermorgan.com	
Koehler, Bob		bob.koehler@state.co.us	COGCC UIC
Schlagenhauf, Mark		mark.schlagenhauf@state.co.us	COGCC Flowline Integrity Supervisor

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
204638	WELL	IJ	01/01/2017	DSPW	005-06723	LATIGO SWD #1	EG

General Comment:

[2017 Flowline NTO Inspection 1000' Buffer](#)

Location

Overall Good:

Signs/Marker:

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date:	
Corrective Action:			

Good Housekeeping:

Type	OTHER		
Comment:	Leaking orbit valve at wellhead.		
Corrective Action:	Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.	Date:	07/21/2017

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type			corrective date
Type: Flow Line	# 1		
Comment:	1-2" fiberglass riser at well GPS 39.60817, -104.18227-through tin roof, 1-3" fiberglass riser at plane GPS 39.60747, -104.19677 1-1" line inside shed from well to heater		
Corrective Action:		Date:	
Type: Other	# 2		
Comment:	shed, solar panel at wellhead		
Corrective Action:		Date:	

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 204638 Type: WELL API Number: 005-06723 Status: IJ Insp. Status: EG

Underground Injection Control

UIC Violation: _____ 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: DKTA

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 04/10/2012

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Flowline

#1	Type: Well Site	1 of Lines
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Flowline Description

Flowline Type: Well Site Size: 3" Material: Fiberglass
 Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____
 Coatings: _____ H2S: _____ Cathodic Protection: _____

Pressure Testing

Witnessed: Yes Test Result: _____ Charted: Yes

COGCC Rules(check all that apply)

1101. Installation and Reclamation 1102. Operations, Maintenance, and Repair 1103. Abandonment

Comment: Flowline testing. 0 min 889 psi, 5 min 878 psi, 10 min 868 psi, 15 min 856 psi-orbit valve was leaking per operator. Operator isolated orbit valve because he said it was unidirectional-0 min 839 psi, 5 min 837 psi, 10 min 834 psi, 15 min 832 psi. Insptector referred test to COGCC/Flowline Integrity Supervisor.

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

Comment: house ~406' SE of well, house ~484' SW of well, house ~820' NE of well

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? _____

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? _____

Comment _____

Corrective Action _____

Date _____

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

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

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 REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____

Date _____

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 _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

Comment: _____

Corrective Action: _____

Date _____

Overall Final Reclamation _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
673715626	CIG Latigo SWD #1	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4175598