

**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:

10/18/2017

Submitted Date:

10/20/2017

Document Number:

680302597**FIELD INSPECTION FORM**

Loc ID 394123 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____

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

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

Findings:7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|---------------|--------------|-------------------------------|---------|
| Lively, Kevin | 970-380-6011 | kevin_lively@kindermorgan.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 225524 | WELL | AC | 07/31/1968 | STOW | 087-05940 | FORT MORGAN UNIT 1 | AC |

General Comment:[Routine Site/Inventory Inspection](#)

Location

| | | | |
|--------------------|-----------|-------|--|
| Lease Road: | | | |
| Type | Access | | |
| comment: | Two track | | |
| Corrective Action | | Date: | |

Overall Good: ☐

| | | | |
|----------------------|--------------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Satisfactory | | |
| Corrective Action: | | Date: | |

| | | |
|---------------------------|--------------|-------------|
| Emergency Contact Number: | | |
| Comment: | Satisfactory | |
| Corrective Action: | | Date: _____ |

Overall Good: ☒

| | | | | |
|----------------|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |

In Containment: No

Comment: ☐ Multiple Spills and Releases?

| | | | |
|--------------------|---------------------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Security Chain Link | | |
| Corrective Action: | | Date: | |

| | | | |
|----------------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Horizontal Separator | # | | |
| Comment: | | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Venting: | | | |
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|--|-------|--|
| Flaring: | | | |
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| Inspected Facilities | | | | | | | | | |
|----------------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 225524 | Type: | WELL | API Number: | 087-05940 | Status: | AC | Insp. Status: | AC |
| | | | | | | | | | |

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Reclamation - Storm Water - Pit**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Other | In Process | | | |

Comment: [Continue BMP's for stormwater erosion management](#)

Corrective Action:

Date: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

| Comment | User | Date |
|--------------------------------------|----------|------------|
| No problems observed | schureky | 10/20/2017 |