

**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:

10/25/2017

Submitted Date:

10/25/2017

Document Number:

680302672**FIELD INSPECTION FORM**

Loc ID 428763 Inspector Name: SCHURE, KYM On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 10322Name of Operator: EAST CHEYENNE GAS STORAGE LLCAddress: 10370 RICHMOND AVE SUITE 510City: HOUSTON State: TX Zip: 77042**Status Summary:**

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

Findings:10 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Burn, Diana		diana.burn@state.co.us	
Quint, Craig		craig.quint@state.co.us	
Francis, Greg	(720) 351-4006	gfrancis@mehllc.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
438157	WELL	AC	11/08/2016	STOW	075-09426	ECGS 6-21 WPD004-2	SI

General Comment:

MIT performed on injection/monitoring well, for verification of mechanical integrity. Currently well was under work-over re-cementing to seal a small pressure loss. Backside squeeze performed. MIT SATISFACTORY Well held 344 psi. throughout duration of (15) min. test. Loss or Gain = 0.

NOTE TO OPERATOR: Please submit Form 21 via COGCC e-form.

Form 42 Doc# 401440714 received

Form 21 copy attached

Location

Lease Road:			
Type	Access		
comment:	Satisfactory		
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	LOCATION		
Comment:	Security High Chain Link		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Other	# 0		
Comment:	No change in equipment inventoried		
Corrective Action:		Date:	

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

Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 438157 Type: WELL API Number: 075-09426 Status: AC Insp. Status: SI**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: _____

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

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

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: _____ Csg psi: 344 BH psi: _____Insp. Status: Pass

Comment: This is not a listed UIC well, however an injection well requiring an MIT to return to service. This page used for documentation of readings. Form 21 copy attached. Casing pressure before start = 0. Casing pressure @ start = 344 psi. Casing pressure @ (5) min. = 344 psi. Casing pressure @ (10) min. = 344 psi. Casing pressure @ (15) min. = 344 psi. Loss or Gain = 0.

Corrective Action: _____ Date: _____

Workover

Comment: MIT performed to verify mechanical integrity following a workover/backside cementing to seal a small leak. Well pressure held @ 344 psi. for duration of (15) min. test. Loss or Gain = 0. SATISFACTORY

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
Gravel	In Process	Other	In Process			

Comment: [Continue BMP's](#)

Corrective Action:

Date: _____

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

Comment	User	Date
MIT performed to verify repairs/recent workover/cementing. SATISFACTORY	schureky	10/25/2017

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

Document Num	Description	URL
680302673	Form 21	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4284217