

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:  
401485593

Date Received:  
12/13/2017

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

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  
Contact Name and Telephone:  
Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
<u>Swift, Barry</u>	<u>970-882-5545</u>	<u>barry_swift@kindermorgan.com</u>
<u>Hannigan, Michael</u>	<u>(970) 882-5532</u>	<u>michael_hannigan@kindermorgan.com</u>
<u>Millican, Chris</u>		<u>chris_millican@kindermorgan.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 680602277  
Inspection Date: 11/16/2017 FIR Submit Date: 12/07/2017 FIR Status: \_\_\_\_\_

Inspected Operator Information:

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

LOCATION - Location ID: 313534

Location Name: MCELMO DOME UNIT 31-37-17-N37N17W Number: 31NESW County: MONTEZUMA  
Qtrqtr: NESW Sec: 31 Twp: 37N Range: 17W Meridian: N  
Latitude: 37.416740 Longitude: -108.767181

FACILITY - API Number: 05-083-00 Facility ID: 224373

Facility Name: MCELMO DOME UNIT 31-37-17 Number: MC-5  
Qtrqtr: NESW Sec: 31 Twp: 37N Range: 17W Meridian: N  
Latitude: 37.416740 Longitude: -108.767181

CORRECTIVE ACTIONS:

1 CA# 113219

Corrective Action: Remove twine.

Date: 01/12/2018

Response: CA COMPLETED

Date of Completion: 12/11/2017

Twine was cleaned up and removed from the location on 12/11/2017.

Operator \_\_\_\_\_  
Comment: \_\_\_\_\_

COGCC Decision: \_\_\_\_\_

COGCC  
Representative: \_\_\_\_\_

OPERATOR COMMENT AND SUBMITTAL

Comment: \_\_\_\_\_

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Chris Lopez Signed: \_\_\_\_\_

Title: EHS Specialist Date: 12/13/2017 4:46:02 PM

**ATTACHMENT LIST**

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

<u>Document Number</u>	<u>Description</u>
401485614	CA Completed Photo Evidence

Total Attach: 1 Files