

**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:

01/04/2018

Submitted Date:

01/04/2018

Document Number:

677400303**FIELD INSPECTION FORM**

Loc ID 320621 Inspector Name: MONTOYA, JOHN 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:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Koehler, Bob		bob.koehler@state.co.us	
Lively, Kevin	719-520-4287	kevin_lively@kindermorgan.com	SWD disposal

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159253	UIC DISPOSAL	AC	12/03/2008		-	TOTEM SWD #1	AC

General Comment:

Location**Lease Road:**

Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:	ok	
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

Type: Deadman # & Marked	# 4		corrective date
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 159253 Type: UIC API Number: - Status: AC Insp. Status: AC**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 1200**UIC Routine**

Inj./Tube: Pressure or inches of Hg Vaccum Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: NO

Comment: start injection with pump and well goes on Vaccum

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>ANNUAL UIC INSPECTION</u>	montoyaj	01/04/2018

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

Document Num	Description	URL
677400304	WELL HEAD AND WELL SIGN	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4341289