

**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:

04/23/2018

Submitted Date:

04/26/2018

Document Number:

680303194

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: SCHURE, KYM 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: 10322
Name of Operator: EAST CHEYENNE GAS STORAGE LLC
Address: 10370 RICHMOND AVE SUITE 510
City: HOUSTON State: TX Zip: 77042

Findings:

7 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

| Contact Name | Phone | Email | Comment |
|---------------|----------------|---------------------|---------|
| Francis, Greg | (720) 351-4006 | gfrancis@mehllc.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 429505 | WELL | AC | 08/13/2014 | STOW | 075-09409 | ECGS 6-19 WPD003-1 | AC |

General Comment:

Routine Site Inspection - SATISFACTORY

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 | WELLHEAD | | |
| Comment: | Satisfactory | | |
| 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 Facilities

Facility ID: 429505 Type: WELL API Number: 075-09409 Status: AC Insp. Status: AC

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 for stormwater erosion management](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT