

**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:

11/05/2019

Submitted Date:

11/05/2019

Document Number:

687905767**FIELD INSPECTION FORM**Loc ID 313541 Inspector Name: Stewart, Joseph On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 46685Name of Operator: KINDER MORGAN CO2 CO LPAddress: 1001 LOUISIANA ST SUITE 1000City: HOUSTON State: TX Zip: 77002**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**10 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Hannigan, Michael	(970) 882-5532	CO2Source_Regulatory@kindermorgan.com	All Inspections
Labowskie, Steve		steve.labowskie@state.co.us	COGCC
Pesicka, Conor		conor.pesicka@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224394	WELL	PR	03/06/2018	GW	083-06459	MCELMO DOME UNIT 36-38-19 HB-3	PR

General Comment:[Site inspection and equipment inventory with photos at the end of this report.](#)

Location				
Lease Road:				
Type	Access			
comment:	Maintained gravel road access.			
Corrective Action	L			Date:
Overall Good: <input type="checkbox"/>				
Signs/Marker:				
Type	WELLHEAD			
Comment:	Sign posted at entrance to location.			
Corrective Action:				Date:
Emergency Contact Number:				
Comment:	Company contact information is current. Missing local area emergency contact information or "911" on location sign. See photo.			
Corrective Action:	Update sign to include local emergency contact or "911" per Rule 210.			Date: 12/05/2019
Overall Good: <input type="checkbox"/>				
Spills:				
Type	Area	Volume		
In Containment: No				
Comment: <input type="text"/>				
<input type="checkbox"/> Multiple Spills and Releases?				
Equipment:				
Type: Deadman # & Marked	# 4			corrective date
Comment:				
Corrective Action:				Date:
Type: Flow Line	# 1			
Comment:	1-3" SS flowline from wellhead to offsite gathering system.			
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:	3" flowcontrol valve with control cabinet and power disconnect.			
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:	Wellhead with block valve assembly installed.			
Corrective Action:				Date:
Venting:				
Yes/No	NO			
Comment:				
Corrective Action:				Date:
Flaring:				
Type				
Comment:				

Corrective Action:		Date:	
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Inspected Facilities				
Facility ID: 224394	Type: WELL	API Number: 083-06459	Status: PR	Insp. Status: PR
Producing Well				
Comment:	Producing.			
Corrective Action:				Date:

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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	Gravel	Pass			
Ditches	Pass	Ditches	Pass			
Compaction	Pass	Compaction	Pass			

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
687905768	Missing emergency contact information.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4981439
687905769	Overview photo.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4981440