

**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:

687905761

FIELD INSPECTION FORMLoc ID 313486 Inspector Name: Stewart, Joseph On-Site Inspection ☐ 2A Doc Num: _____**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

Status Summary:☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**

11 Number of Comments

1 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
Pesicka, Conor		conor.pesicka@state.co.us	
Hannigan, Michael	(970) 882-5532	CO2Source_Regulatory@kindermorgan.com	All Inspections
Labowskie, Steve		steve.labowskie@state.co.us	COGCC

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
224217	WELL	PR	03/05/2018	GW	083-06282	MCELMO DOME UNIT 31-38-18 HB-1	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="checkbox"/> Multiple Spills and Releases?				
Equipment:				
Type: Flow Line	# 1			corrective date
Comment:	1-4" insulated steel flowline from wellhead to offsite gathering system.			
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:	Wellhead with block valve assembly installed.			
Corrective Action:				Date:
Type: Deadman # & Marked	# 4			
Comment:				
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:	Control valve cabinet and heat trace disconnect panel.			
Corrective Action:				Date:
Type: Ancillary equipment	# 1			
Comment:	4" Flow control gate valve installed off wellhead.			
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:	224217	Type:	WELL	API Number:	083-06282	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing.								
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	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			
Berms	Pass	Culverts	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
402231952	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4981449
687905762	Overview photo.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4981435
687905764	Sign missing emergency contact.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4981436