

**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:

11/22/2019

Submitted Date:

11/25/2019

Document Number:

680306038

FIELD INSPECTION FORM

Loc ID: 312343 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: 10375 RICHMOND AVE SUITE 1900
City: HOUSTON State: TX Zip: 77042

Findings:

- 8 Number of Comments
- 0 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
Francis, Greg	(720) 351-4006	gfrancis@geopinion.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
264171	WELL	TA	12/19/2016	OW	075-40122	Gaylord 2	PA

General Comment:

P&A in process Day (2) - Begin reclamation process upon completion of P&A. EXCAVATE WELLHEAD - FLOWLINE/CUT/CAP W/info./BACKFILL TO FOLLOW.

Location			
Lease Road:			
Type	Access		
comment:	Two track dryland cropland - Commence reclamation upon completion of P&A		
Corrective ActionL		Date:	
Overall Good: <input type="checkbox"/>			
Signs/Marker:			
Type	WELLHEAD		
Comment:	Satisfactory		
Corrective Action:		Date:	
Emergency Contact Number:			
Comment:	Satisfactory		Date: _____
Corrective Action:			
Overall Good: <input checked="" type="checkbox"/>			
Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			
Equipment:			
Type: Other	# 0		corrective date
Comment:	Remove all equipment from location upon completion of P&A and begin reclamation process.		
Corrective Action:		Date:	
Venting:			
Yes/No			
Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 264171 Type: WELL API Number: 075-40122 Status: TA Insp. Status: PA

Cement

Cement Contractor

Contractor Name: Bohler Well Service

Contractor Phone: 970-522-3078

Surface Casing

Cement Volume (sx): 50+110

Circulate to Surface: YES

Cement Fall Back: NO

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): 2+20

Good Return During Job: YES

Plugging Operations

Depth Plugs(feet range): 4856,1400,263

Cement Volume (sx): 2+20+50+110

Good Return During Job: YES

Cement Type: II

Comment: P&A Day (2) - Safety meeting w/daily workplan, well = 0 psi., RU Wireline, shot squeeze holes @ (1400'), RD Wireline, RIH w/tubing (138'), established rate (1.5) bbls @ (300)psi., mixed (50) sks cement plug, (10.24) bbls. cement (15.4) lb., displaced (4.2) bbls., laid down tubing, WOW, loaded hole, RU Wireline, shot squeeze holes @ (263'), RD Wireline, established circulation, ND BOP's, inst. (5.5") valve, mixed (110)sks/ (22.5)bbls. (15.5) lb. cement plug, pumped until cement in returns, SI well, RDMO. CUT/CAP/Well and Flowlines to follow. P&A SATISFACTORY

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	In Process	Other	In Process			

Comment: [Use BMP's for erosion management until final reclamation is approved. Well is located within dryland cropland w/rotational tillage.](#)

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
P&A COMPLETED - CUT/CAP/Backfill well and flowline to follow. Begin reclamation process and contact COGCC Reclamation Group for final reclamation approval when ready.	schureky	11/25/2019