

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:
402352197

Date Received:
03/27/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed
0 Factual Review Request

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
Contact Name and Telephone:
Name: _____
Phone: () _____ Fax: () _____
Email: _____

Additional Operator Contact:

Contact Name	Phone	Email
<u>Jake Forsman</u>	<u>970-882-5541</u>	<u>Jake_forsman@kindermorgan.com</u>
<u>Michael Hannigan</u>	<u>970-882-5532</u>	<u>michael_hannigan@kindermorgan.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 693901441
Inspection Date: 02/20/2020 FIR Submit Date: 02/24/2020 FIR Status: _____

Inspected Operator Information:

Company Name: KINDER MORGAN CO2 CO LP Company Number: 46685
Address: 1001 LOUISIANA ST SUITE 1000
City: HOUSTON State: TX Zip: 77002

LOCATION - Location ID: 313505

Location Name: MCELMO DOME UNIT 23-37-18-N37N18W Number: 23NWSW County: _____
Qtrqtr: NWS Sec: 23 Twp: 37N Range: 18W Meridian: N
W
Latitude: 37.447180 Longitude: -108.807195

FACILITY - API Number: 05-083-00 Facility ID: 313505

Facility Name: MCELMO DOME UNIT 23-37-18-N37N18W Number: 23NWSW
Qtrqtr: NWS Sec: 23 Twp: 37N Range: 18W Meridian: N
W
Latitude: 37.447180 Longitude: -108.807195

CORRECTIVE ACTIONS:

1 CA# 136678

Corrective Action: Remove unused equipment. Date: 03/24/2020
Response: CA COMPLETED Date of Completion: 03/23/2020

Concrete slabs and unused electrical equipment was removed from the YB-3 Well Location on 03/23/2020.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: The unused concrete slabs and electrical equipment have been removed from the YB-3 well location and have been disposed of properly.

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Jake Forsman

Signed: _____

Title: EHS Specialist

Date: 3/27/2020 10:43:00 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

402352258	Photo Log
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Total Attach: 1 Files