

**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:

06/19/2020

Submitted Date:

06/22/2020

Document Number:

689501073

**FIELD INSPECTION FORM**

Loc ID 449521 Inspector Name: Oakman, Kari 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: 10716  
 Name of Operator: ROCKY MOUNTAIN MIDSTREAM LLC  
 Address: ONE WILLIAMS CENTER  
 City: TULSA State: OK Zip: 74172

**Findings:**

- 2 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 |
|--------------|-------|-------------------------|---------|
| Ron Hudson   |       | ron.hudson@williams.com |         |

**Inspected Facilities:**

| Facility ID | Type             | Status | Status Date | Well Class | API Num | Facility Name      | Insp Status |
|-------------|------------------|--------|-------------|------------|---------|--------------------|-------------|
| 465115      | SPILL OR RELEASE | AC     | 06/07/2019  |            | -       | Ottessen 06-370-HC | EI          |

**General Comment:**

[COGCC Environmental Inspection of Spill ID 465115. Wellheads and adjacent battery not inspected.](#)

**Inspected Facilities**

Facility ID: 465115 Type: SPILL OR API Number: - Status: AC Insp. Status: EI

**Environmental**

**Spills/Releases:**

Type of Spill: OIL \_\_\_\_\_

Estimated Spill Volume: \_\_\_\_\_

Comment: Spill ID 465115 reported to the COGCC 6/4/2019; Form 19 lists date of discovery as 5/31/2019. Form 19 reports a crude oil spill at the LACT unit. No surface impacts were observed at the spill area at the time of inspection. No Supplemental Form 19 has been submitted for this spill and no cleanup information has been provided by the operator.

Corrective Action: Per Rule 906.b., the Operator shall make a supplemental report on Form 19 not more than 10 calendar days after the spill/release is discovered; the Supplemental report for this spill was due 6/10/2019. Operator shall submit a Form 19 Supplemental Report that documents the successful Remediation of the release. Supporting documentation shall include confirmation soil samples to document removal of impacts from soil in the release area and a site diagram that illustrates the release extent and location of confirmation soil samples.

Date: 06/10/2019

Reportable: \_\_\_\_\_

GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_

Depth to Ground Water: \_\_\_\_\_

**Water Well Complaint:**

Lat \_\_\_\_\_ Long \_\_\_\_\_

DWR Receipt Num: \_\_\_\_\_

Owner Name: \_\_\_\_\_

GPS : \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_

Comment: \_\_\_\_\_