

**FORM
INSP**

Rev
X/20

**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:

10/01/2021

Submitted Date:

10/01/2021

Document Number:

696303652

FIELD INSPECTION FORM

Loc ID: 438078 Inspector Name: PETRIE, ERICA On-Site Inspection: 2A Doc Num: _____

Operator Information:

OGCC Operator Number: 10608
Name of Operator: TALLGRASS WATER WESTERN LLC
Address: 370 VAN GORDON STREET
City: LAKEWOOD State: CO Zip: 80228

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Findings:

8 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
Stahl, Mike		Mike.stahl@tallgrassenergylp.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159979	UIC DISPOSAL	AC	12/03/2015		-	HORSETAIL 19N-1924M-R SWD	AC

General Comment:

This is a UIC DISPOSAL FACILITY Inspection.
Annual UIC inspection.
Facility Shut-In at the time of this Inspection.

Location

Overall Good:

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	SE Produced Water Tank missing Capacity Label; see photos		
Corrective Action:	Install sign to comply with Rule 605.h.	Date:	12/31/2021
Type	CONTAINERS		
Comment:	Adequate		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	Adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	LOCATION		
Comment:	Barbed Wire		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Prime Mover	# 3		
Comment:	Injection pumps w/ electric motors.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	2	400 BBLS	STEEL AST		40.819150,-103.793870
Comment:	<input type="text"/>				
Corrective Action:		Date:			

Paint

Condition	Adequate
Other (Content)	<input type="text"/>
Other (Capacity)	<input type="text"/>
Other (Type)	<input type="text"/>

<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	2	1000 BBLs	STEEL AST		,	
Comment:						
Corrective Action:				Date:		
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:				Date:		
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	12	400 BBLs	STEEL AST		,	
Comment:						
Corrective Action:				Date:		
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:				Date:		
<u>Venting:</u>						
Yes/No	NO					
Comment:						
Corrective Action:				Date:		
<u>Flaring:</u>						
Type						
Comment:						

Corrective Action:	Date:
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Inspected Facilities

Facility ID: 159979 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____
TC:	Pressure or inches of Hg _____	Previous Test Pressure _____	Inj Zone: _____
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure _____	Last MIT: _____
			AnnMTReq: _____

Comment:

Corrective Action: Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment:

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		Gravel				

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Routine Field Inspection. Disposal Shut-In at the time of this Inspection. SW H2O Tank missing Capacity Label	petrie	10/01/2021

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
402829113	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5545547
696303653	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5545545