

**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:

07/28/2023

Submitted Date:

07/28/2023

Document Number:

696305179

FIELD INSPECTION FORM

Loc ID 440165 Inspector Name: PETRIE, ERICA 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: 10608
Name of Operator: TALLGRASS WATER WESTERN LLC
Address: 370 VAN GORDON STREET
City: LAKEWOOD State: CO Zip: 80228

Findings:

- 9 Number of Comments
- 3 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	
Gopsill, Eric		eric.gopsill@bnn-energy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
465887	SPILL OR RELEASE	CL	10/24/2019		-	Razor 26 SWD	CL

General Comment:

Annual SWD Inspection
Facility Inspection Only

Location

Overall Good:

Signs/Marker:			
Type	BATTERY		
Comment:	Adequate		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Adequate		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:			
Corrective Action:			Date: _____

Good Housekeeping:			
Type	OTHER		
Comment:	Stained Soil and Oily Waste at Truck Loadouts; see photos		
Corrective Action:	For localized stained soils or oily waste - "Properly dispose of oily waste in accordance with 905.e."	Date:	08/11/2023
Type	WEEDS		
Comment:	Weeds on South and West Side of Location; see photos		
Corrective Action:	Comply with Rule 606	Date:	08/11/2023
Type	STORAGE OF SUPL		
Comment:	Storage of Unused Supply, Parts and Unused Equipment in the SW Corner of Location; see photos		
Corrective Action:	Comply with Rule 606	Date:	08/25/2023

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: Pump Jack	# 3		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:					
Contents	#	Capacity	Type	Tank ID	SE GPS

CRUDE OIL	2	400 BBLs	STEEL AST		40.809270,-103.831840	
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	
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	OTHER	STEEL AST		,	
Comment:						
Corrective Action:						Date:
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity) 750 BBLs						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						

Corrective Action:		Date:	
--------------------	--	-------	--

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 465887 Type: SPILL OR API Number: - Status: CL Insp. Status: CL

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 2000

UIC Routine

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

Comment: Active Water Disposal. Refer to FIR #696304329 for the Well Inspection

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
Routine Field UIC SWD Annual Inspection. Stained Soils and Oily Waste at Truck Loadouts. Weeds at South and West Sides of Location. Unused Supply Storage at SW Corner of Location.	petrie	07/28/2023

Attached Documents

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

Document Num	Description	URL
403480300	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6198527
696305180	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6198524