

**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:

10/10/2024

Submitted Date:

10/15/2024

Document Number:

693807815**FIELD INSPECTION FORM**Loc ID 316842 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**ECMC Operator Number: 10841Name of Operator: AMERICAN HELIUM OPERATING LLCAddress: 600 TRAVIS STREET SUITE 5050City: HOUSTON State: TX Zip: 77002**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**9 Number of Comments1 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
Hartman, Laura		lhartman@blm.gov	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Lapham, Ken	979-877-4951	klapham@americanhelium.us	All Inspections
Labowskie, Steve		steve.labowskie@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
271685	WELL	SI	07/01/2023	GW	113-06136	ANDY'S MESA FEDERAL 53	SI

**General Comment:**

ECMC staff performed Optical Gas Imaging Survey inspection on 10/10/2024.  
Issues were found requiring corrective action. See inspection text and photos for details.  
Any Corrective Actions from previous inspections that have not been addressed are still applicable.

**Location**

<b>Lease Road:</b>			
Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	Sign on meter housing. Sign not legible		
Corrective Action:	Install sign to comply with Rule 605.g.	Date:	11/15/2024

Emergency Contact Number:		
Comment:	435-631-2239	
Corrective Action:		Date: _____

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	WELLHEAD		
Comment:	Panel fence		
Corrective Action:		Date:	

<b>Equipment:</b>			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	

Type: Deadman # & Marked	# 4	
Comment:		
Corrective Action:		Date:
Type: Bradenhead	# 1	
Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	<100 BBLS	PBV STEEL		38.043098,-108.624840
Comment:	Tank inside same berms as produced water tank.				
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST		38.043098,-108.624840
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				

**Venting:**

Yes/No	NO	
Comment:		
Corrective Action:		

**Flaring:**

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	271685	Type:	WELL	API Number:	113-06136	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned      Reminder: _____									
Comment: <div>Well shut in 6/2023. Defined inactive 06/30/2023</div>									
Corrective Action: _____ Date: _____									

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

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	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT

**Optical Gas Imaging Survey**Survey Type: RoutineCurrent Operations: ☒ Production ☐ Workover ☐ Flowback ☐ Referred to APCDGPS(entrance of location): Lat: 38.043410 Long: -108.624695Wind: Calm Speed:        (mph) Direction From:        Weather: Clear Temperature: 89 (F)Assisting Staff:        Camera #:       ☐ Visible Smoke ☐ Referred to CDPHE

Times Surveyed

Equipment Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
-------------------	-------	-----------------	-------

Equipment
Separation Equipment
Water Tank(s)
Wellhead(s)

Comment: No FLIR detectable gas observedCorrective  
Action:

Date:

**Attached Documents**You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
693807816	Inspection photos 10/10/2024	<a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6747028">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6747028</a>