

**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:

10/16/2024

Document Number:

693807839**FIELD INSPECTION FORM**Loc ID 316817 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:**11 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
Labowskie, Steve		steve.labowskie@state.co.us	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Joyner, Ryan	970.385.6289	rjoyner@blm.gov	Tres Rios
Lapham, Ken	979-877-4951	klapham@americanhelium.us	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
257596	WELL	SI	02/01/2024	GW	113-06079	ANDY'S MESA FEDERAL 17	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

Lease Road:			
Type	Main		
comment:			
Corrective Action		Date:	
Type	Access		
comment:			
Corrective Action		Date:	

Overall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Sign on meter housing		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: 435-631-2239

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	Panel fence		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	Pipe barricade		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 1		
Comment:			
Corrective Action:		Date:	

Type: Gas Meter Run	# 1	
Comment:		
Corrective Action:		Date:
Type: Plunger Lift	# 1	
Comment:		
Corrective Action:		Date:
Type: Bradenhead	# 1	
Comment:		
Corrective Action:		Date:
Type: Horizontal Heated Separator	# 1	
Comment:		
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	<100 BBLS	PBV STEEL		38.049096,-108.647805
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST		38.049096,-108.647805
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				

Inspected Facilities									
Facility ID:	257596	Type:	WELL	API Number:	113-06079	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <div>Shut in 2/1/2024</div>									
Corrective Action: _____ Date: _____									
BradenHead									
Date of Last Brhd Test: 09/19/2023 Annual Brhd Completed? No									
Last Brhd Test Results Initial Surf Csg Pressure: 4 Fluid Type: NONE									
End Surf Csg Pressure: 0									
Comment: <div>No annual bradenhead test Form 17 on file.</div> 11/16/2024									
Corrective Action: <div>Submit Form 17 as directed by Rule 419.c</div> 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: Routine

Current Operations: ☒ Production ☐ Workover ☐ Flowback ☐ Referred to APCD

GPS(entrance of location): Lat: 38.048989 Long: -108.647542

Wind: Calm Speed: (mph) Direction From: Weather: Partly Temperature: 89 (F)

Assisting Staff: Camera #:

☐ Visible Smoke ☐ Referred to CDPHE

Times Surveyed

Time Survey Start	AM/PM	Time Survey End	AM/PM
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Equipment Surveyed

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

Comment: No FLIR detectable gas observed

Corrective 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
693807840	Inspection photos 10/10/2024	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6748392