

**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:

693807825

FIELD INSPECTION FORM

Loc ID 333226 Inspector Name: BROWNING, CHUCK 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:

ECMC Operator Number: 10841
Name of Operator: AMERICAN HELIUM OPERATING LLC
Address: 600 TRAVIS STREET SUITE 5050
City: HOUSTON State: TX Zip: 77002

Findings:

- 9 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
Lapham, Ken	979-877-4951	klapham@americanhelium.us	All Inspections
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Labowskie, Steve		steve.labowskie@state.co.us	
Hartman, Laura		lhartman@blm.gov	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
256675	WELL	SI	06/01/2024	GW	113-06070	ANDYS MESA FEDERAL 13	TA

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 Access		
comment:			
Corrective ActionL			Date:
	Type Main		
comment:			
Corrective ActionL			Date:

Overall Good:

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

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

Overall Good:

Spills:			
Type	Area	Volume	
In Containment: No			
Comment:			
<input type="checkbox"/> Multiple Spills and Releases?			

Fencing/:			
	Type WELLHEAD		
Comment:	Panel fence		
Corrective Action:			Date:

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

Type: Plunger Lift	# 1		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
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		38.055323,-108.650319
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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	1	400 BBLs	STEEL AST		38.055323,-108.650319
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities

Facility ID: 256675 Type: WELL API Number: 113-06070 Status: SI Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Defined Inactive 01/15/2024

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: 09/24/2023 Annual Brhd Completed? No

Last Brhd Test Results Initial Surf Csg Pressure: 2 Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: No annual bradenhead test Form 17 on file. 11/15/2024

Corrective Action: Submit Form 17 as directed by Rule 419.c 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: 38.054835 Long: -108.651272

Wind: 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
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
403958256	INSPECTION SUBMITTED	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6747048
693807826	Inspection photos 10/10/2024	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6747033