

**FORM  
INSP**

Rev  
X/15

**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:

07/10/2017

Submitted Date:

07/11/2017

Document Number:

680302132

**FIELD INSPECTION FORM**

Loc ID: 312240    Inspector Name: SCHURE, KYM    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: 10322  
 Name of Operator: EAST CHEYENNE GAS STORAGE LLC  
 Address: 10370 RICHMOND AVE SUITE 510  
 City: HOUSTON    State: TX    Zip: 77042

**Findings:**

8 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

| Contact Name  | Phone          | Email                   | Comment |
|---------------|----------------|-------------------------|---------|
| Quint, Craig  |                | craig.quint@state.co.us |         |
| Francis, Greg | (720) 351-4006 | gfrancis@mehllc.com     |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 219775      | WELL | IJ     | 01/01/2015  | DSPW       | 075-07167 | SCHWAKE A-1        | IJ          |
| 429341      | WELL | AC     | 08/12/2014  | STOW       | 075-09405 | ECGS 6-17 WPD001-1 | AC          |

**General Comment:**

UIC Routine Inspection

**Location**

|                    |              |  |       |
|--------------------|--------------|--|-------|
| <b>Lease Road:</b> |              |  |       |
| Type               | Access       |  |       |
| comment:           | Satisfactory |  |       |
| Corrective ActionL |              |  | Date: |

Overall Good:

|                      |              |  |       |
|----------------------|--------------|--|-------|
| <b>Signs/Marker:</b> |              |  |       |
| Type                 | WELLHEAD     |  |       |
| Comment:             | Satisfactory |  |       |
| Corrective Action:   |              |  | Date: |

|                                  |              |  |             |
|----------------------------------|--------------|--|-------------|
| <b>Emergency Contact Number:</b> |              |  |             |
| Comment:                         | Satisfactory |  |             |
| Corrective Action:               |              |  | Date: _____ |

Overall Good:

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

In Containment: No

Comment: \_\_\_\_\_

Multiple Spills and Releases?

|                    |            |  |       |
|--------------------|------------|--|-------|
| <b>Fencing/:</b>   |            |  |       |
| Type               | LOCATION   |  |       |
| Comment:           | Heavy wire |  |       |
| Corrective Action: |            |  | Date: |

|                    |                                    |  |                 |
|--------------------|------------------------------------|--|-----------------|
| <b>Equipment:</b>  |                                    |  |                 |
| Type: Other        | # 0                                |  | corrective date |
| Comment:           | No change in equipment inventoried |  |                 |
| Corrective Action: |                                    |  | Date:           |

|                    |  |  |       |
|--------------------|--|--|-------|
| <b>Venting:</b>    |  |  |       |
| Yes/No             |  |  |       |
| Comment:           |  |  |       |
| Corrective Action: |  |  | Date: |

|                    |  |  |       |
|--------------------|--|--|-------|
| <b>Flaring:</b>    |  |  |       |
| Type               |  |  |       |
| Comment:           |  |  |       |
| Corrective Action: |  |  | Date: |

**Inspected Facilities**

Facility ID: 219775 Type: WELL API Number: 075-07167 Status: IJ Insp. Status: IJ

Facility ID: 429341 Type: WELL API Number: 075-09405 Status: AC Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube: Pressure or inches of Hg 56 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: \_\_\_\_\_  
 TC: Pressure or inches of Hg 1.3 Previous Test Pressure \_\_\_\_\_ Last MIT: \_\_\_\_\_  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: No problems found

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           | In Process      | Other                   | In Process            |               |                          |         |

Comment: [Continue BMP's for stormwater erosion management](#)

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 401337361    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4194326">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4194326</a> |