



## Kansas Department of Health and Environment Underground Hydrocarbon Storage Well Wellhead Inspection Report

### Identification

Company:		Facility:		Date of Inspection:	
Well #:		Well Permit #:		County:	
¼ ¼ ¼:		Section:		Township:	
Status of well:		Active		Monitoring	
Is well currently on a manifold system for monitoring?		Yes		No	
		Description:			

### Wellhead

<b>Visual inspection general condition</b>	Corrosion/Rust:				
	Paint:				
	Surface leakage:				
	Gauges:	Annulus side:	Yes	No	
	Tubing side:	Yes	No		
<b>Instrumentation</b>	Flow meter/indicator	Yes		No	
		Type:			
	Pressure sensor/transducer	Brine side reading:			
		Product side Reading:			
	Security lighting	Yes	No		
	Combustible Gas Detector	Yes	No		
	Heat sensor	Yes	No		
	Emergency Shutdown Valves (ESD)	Rating (125% exerted at surface):		Yes	No
		Fail to close position:		Yes	No
		Remote and Local operation:		Yes	No
		Activated by:	Overpressure:	Yes	No
	Underpressure:		Yes	No	
Gas/Heat detection:	Yes		No		
Manual Isolation Valves	Yes	No			
Valve or blind flange on each port at wellhead	Yes	No			
<b>Instrumentation Tests</b>	Function test each critical control system (Semiannual)	Date: Description:			
	Function test ESD valve (Semiannual)	Date: Description:			
	Trip-testing each loop for circuit integrity	Valves	Date:		
		Instrumentation	Date:		
		Shutdown Equipment	Date:		
		Wiring Connections	Date:		
Automatic closure of all inlets & outlets to storage cavern	Date: Description:				

### Well

Product stored in cavern:		Top of salt:	
Effective casing seat:		Salt roof thickness:	
Total depth of well below ground surface:		Cavern volume:	
<b>Casing Diameter &amp; Depth</b>	Casing	Diameter (in)	Depth (bgs)
	Surface		
	Intermediate		
	Production		
	Tubing		
Does well have double casing protection? (Cemented Liner)		Yes	No
Does tubing have a weep hole?		Yes	No
		Depth	

**Comments/Observations:**

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**Personnel Met with During Inspection**

Name	Title

**Inspected By**

Name	Title	Date