


FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		DE	ET	OE	ES
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FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>HICKEY, MIKE</u>
	<u>417539</u>	<u>317936</u>		

Inspection Date: 03/02/2012

Document Number: 667600086

Overall Inspection: Satisfactory

Operator Information:

OGCC Operator Number: 47120 Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-

Contact Information:

Contact Name	Phone	Email	Comment
Kilcrease, Keith	/24135	keith.kilcrease@anadarko.com	Production Superintendent

Compliance Summary:

QtrQtr: SWNE Sec: 2 Twp: 1N Range: 66W

Inspector Comment:

Routine inspection of new well API #05-123-31692, Highway 160 2-2.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
240207	WELL	PR	11/14/2008	OW	123-07995	BROWN, GORDON D. UNIT 1	<input checked="" type="checkbox"/>
317936	LOCATION	AC	04/14/2009		-	HIGHWAY 160 7-2	<input type="checkbox"/>
417525	WELL	PR	05/20/2011		123-31683	HIGHWAY 160 41-2	<input checked="" type="checkbox"/>
417526	WELL	PR	03/04/2011		123-31684	HIGHWAY 160 1-2	<input checked="" type="checkbox"/>
417529	WELL	PR	05/20/2011		123-31687	HIGHWAY 160 24-2	<input checked="" type="checkbox"/>
417530	WELL	PR	05/17/2011	GW	123-31688	HIGHWAY 160 8-2S	<input checked="" type="checkbox"/>
417533	WELL	PR	01/23/2011		123-31690	HIGHWAY 160 8-2	<input checked="" type="checkbox"/>
417537	WELL	PR	01/17/2011		123-31691	HIGHWAY 160 7-2	<input checked="" type="checkbox"/>
417539	WELL	PR	01/11/2011		123-31692	HIGHWAY 160 2-2	<input checked="" type="checkbox"/>
417543	WELL	PR	07/14/2011		123-31693	HIGHWAY 160 1-2S	<input checked="" type="checkbox"/>
417544	WELL	PR	01/20/2011		123-31694	HIGHWAY 160 26-2	<input checked="" type="checkbox"/>
417546	WELL	PR	05/27/2010		123-31695	HIGHWAY 160 2-2S	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>11</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>11</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>11</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: <u>11</u>

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	1	Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL				

S/U/V: _____ Comment: Shared batter. See inspection of API #05-123-07995 for battery/seperator inspection.

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action: _____ Corrective Date: _____

Comment: _____

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 317936

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

Comment:

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____
 Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____
 Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: 240207 API Number: 123-07995 Status: PR Insp. Status: PR

Facility ID: 417525 API Number: 123-31683 Status: PR Insp. Status: PR

Facility ID: 417526 API Number: 123-31684 Status: PR Insp. Status: PR

Facility ID: 417529 API Number: 123-31687 Status: PR Insp. Status: PR

Facility ID: 417530 API Number: 123-31688 Status: PR Insp. Status: PR

Facility ID: 417533 API Number: 123-31690 Status: PR Insp. Status: PR

Facility ID: 417537 API Number: 123-31691 Status: PR Insp. Status: PR

Facility ID: 417539 API Number: 123-31692 Status: PR Insp. Status: PR

Facility ID: 417543 API Number: 123-31693 Status: PR Insp. Status: PR

Facility ID: <u>417544</u>	API Number: <u>123-31694</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>417546</u>	API Number: <u>123-31695</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment:

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location:

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: DRY LAND

Comment:

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

Inspector Name: HICKEY, MIKE

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
Cuttings management: _____
1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: DRY LAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____