

FORM INSP
Rev 05/11

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:
05/16/2012

Document Number:
667600311

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>239508</u>	<u>336082</u>		<u>HICKEY, MIKE</u>

Operator Information:

OGCC Operator Number:	<u>47120</u>	Name of Operator:	<u>KERR-MCGEE OIL & GAS ONSHORE LP</u>
Address:	<u>P O BOX 173779</u>		
City:	<u>DENVER</u>	State:	<u>CO</u>
		Zip:	<u>80217-</u>

Contact Information:

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

Compliance Summary:

QtrQtr:	<u>SESW</u>	Sec:	<u>23</u>	Twp:	<u>3N</u>	Range:	<u>67W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
<u>02/10/2012</u>	<u>656500060</u>	<u>PR</u>	<u>PR</u>	<u>S</u>	<u>P</u>		<u>N</u>
<u>01/31/2007</u>	<u>200105222</u>	<u>PR</u>	<u>PR</u>	<u>S</u>		<u>P</u>	<u>N</u>
<u>11/20/1998</u>	<u>500161061</u>	<u>PR</u>	<u>PR</u>			<u>P</u>	<u>N</u>
<u>02/17/1994</u>	<u>500161064</u>		<u>PR</u>			<u>P</u>	<u>N</u>

Inspector Comment:

Regular inspection of API #05-123-07295, Charles W. Leitz Unit #1 et al.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
<u>239508</u>	<u>WELL</u>	<u>PR</u>	<u>04/29/1971</u>	<u>GW</u>	<u>123-07295</u>	<u>CHARLES W. LEITZ UNIT 1</u>	<input checked="" type="checkbox"/>
<u>274184</u>	<u>WELL</u>	<u>PR</u>	<u>03/23/2010</u>	<u>GW</u>	<u>123-22445</u>	<u>KPLATTEVILLE 19-23</u>	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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

Location

Signs/Marker:	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
<u>WELLHEAD</u>	<u>Satisfactory</u>			
<u>BATTERY</u>	<u>Satisfactory</u>			

Inspector Name: HICKEY, MIKE

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
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			
WELLHEAD	Satisfactory	X2		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	2	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Plunger Lift	2	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	OTHER	STEEL AST	40.206000,104.861110

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 286 Bbl. _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 336082

Site Preparation:

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

Form 2A COAs:

Comment: _____

CA: _____ **Date:** _____

Wildlife BMPs:

Comment: _____

CA: _____ **Date:** _____

Stormwater:

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____
 Other BMPs: _____

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:

Facility

Facility ID: 239508 API Number: 123-07295 Status: PR Insp. Status: PR

Facility ID: 274184 API Number: 123-22445 Status: PR Insp. Status: PR

Data retrieval failed for the subreport, 'rptInsp12',

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

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? _____

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: _____

Reminder: _____

Comment:

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

Inspector Name: HICKEY, MIKE

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: _____