

**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:

05/30/2012

Document Number:

667600364

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>415201</u>	<u>415194</u>		<u>HICKEY, MIKE</u>

**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: SENW Sec: 9 Twp: 1S Range: 67W

**Inspector Comment:**

Routine inspection of API #05-001-09724, Talon View #5-9.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
415181	WELL	PR	02/02/2011		001-09719	TALON VIEW 11-9	<input checked="" type="checkbox"/>
415188	WELL	PR	02/08/2011	GW	001-09720	TALON VIEW 22-9	<input checked="" type="checkbox"/>
415193	WELL	PR	05/11/2011		001-09721	TALON VIEW 6-9	<input checked="" type="checkbox"/>
415197	WELL	PR	01/09/2010		001-09722	TALON VIEW 12-9	<input checked="" type="checkbox"/>
415200	WELL	PR	02/03/2011		001-09723	TALON VIEW 3-9	<input checked="" type="checkbox"/>
415201	WELL	PR	02/06/2011		001-09724	TALON VIEW 5-9	<input checked="" type="checkbox"/>
415202	WELL	PR	03/15/2011		001-09725	TALON VIEW 21-9	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: <u>7</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>7</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: <u>7</u>

**Location****Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	X8		
TANK LABELS/PLACARDS	Satisfactory	X5		

Inspector Name: HICKEY, MIKE

WELLHEAD	Satisfactory	X7		
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Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

**Spills:**

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory	X2 Bayswater tank battery fence needs cleanup.		
WELLHEAD	Satisfactory	X7 +2		
OTHER	Satisfactory	Emission Control device.		

**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	2	Satisfactory	1+1		
Horizontal Heated Separator	3	Satisfactory	2+1		
Gas Meter Run	3	Satisfactory	2+1		
Bird Protectors	5	Satisfactory	3+2		
Plunger Lift	9	Satisfactory	7+2 7 Talon View, and one Cchritiansen well that are anadarko. One Christiansen by Bayswater.		
Compressor	1	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	39.982430,104.898970
S/U/V:	Satisfactory	Comment: Anadarko battery		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) 210 Bbl. \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
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Comment
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<b>Facilities:</b>	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	OTHER		,

S/U/V:	Satisfactory	Comment: Bayswater battery.		
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Corrective Action:	Corrective Date:
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Paint

Condition	Inadequate
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Other (Content) \_\_\_\_\_

Other (Capacity) Not labelled \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

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

Corrective Action	Corrective Date
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Comment
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Inspector Name: HICKEY, MIKE

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	5	OTHER	STEEL AST	39.982430,104.898970	
S/U/V:	Satisfactory		Comment:	Anadarko Battery	
Corrective Action:				Corrective Date:	
<b>Paint</b>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 286 Bbl. _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No		Comment			
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 415194

**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: 415181 Type: WELL API Number: 001-09719 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 415188 Type: WELL API Number: 001-09720 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

**Producing Well**

Comment:

Facility ID: 415193 Type: WELL API Number: 001-09721 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 415197 Type: WELL API Number: 001-09722 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 415200 Type: WELL API Number: 001-09723 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 415201 Type: WELL API Number: 001-09724 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 415202 Type: WELL API Number: 001-09725 Status: PR Insp. Status: PR

**Producing Well**

Comment:

**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:**

Lat \_\_\_\_\_ Long \_\_\_\_\_

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**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: \_\_\_\_\_

Inspector Name: HICKEY, MIKE

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?

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: RESIDENTIAL

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

Inspector Name: HICKEY, MIKE

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
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S/U/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_