

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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| DE | ET | OE | ES |
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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 Mortors: _____ | 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 | | |
|----------|--------------|----|--|--|

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 | 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 | | | |

| | | | | |
|--------------------|----------------|-----------------------------------|---------------------|----------------------|
| Facilities: | | <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: |
| <u>Paint</u> | | | | |
| Condition | Adequate | | | |
| Other (Content) | _____ | | | |
| Other (Capacity) | 210 Bbl. _____ | | | |
| Other (Type) | _____ | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

| | | | | |
|--------------------|--------------------|-----------------------------------|---------------------|------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 1 | OTHER | | , |
| S/U/V: | Satisfactory | Comment: Bayswater battery. | | |
| Corrective Action: | | | | Corrective Date: |
| <u>Paint</u> | | | | |
| Condition | Inadequate | | | |
| Other (Content) | _____ | | | |
| Other (Capacity) | Not labelled _____ | | | |
| Other (Type) | _____ | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

| | | | | | |
|---------------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| Facilities: | | <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: | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) _____ | | | | | |
| Other (Capacity) 286 Bbl. _____ | | | | | |
| Other (Type) _____ | | | | | |
| Berms | | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance | |
| Metal | 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: 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

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:

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? _____

- 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____