

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

Inspection Date:
08/03/2012

Document Number:
667600615

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|-------------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: <u>HICKEY, MIKE</u> |
| | <u>422730</u> | <u>331619</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 |
|--------------------|--------------|--------------------------------|---------------------------|
| Avant, Paul | 720-929-6457 | Paul.Avant@anadarko.com | |
| Cocciolone, Ashley | 720-929-6625 | Ashley.Cocciolone@anadarko.com | |
| Kilcrease, Keith | /24135 | keith.kilcrease@anadarko.com | Production Superintendent |

Compliance Summary:

| | | | |
|---------------------|----------------|----------------|-------------------|
| QtrQtr: <u>SESE</u> | Sec: <u>13</u> | Twp: <u>3N</u> | Range: <u>68W</u> |
|---------------------|----------------|----------------|-------------------|

Inspector Comment:

Routine inspection of API #05-123-33365, PSC 12C-13HZ et al multi-well location.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|---|
| 264028 | WELL | PR | 04/09/2010 | OW | 123-20992 | PSC 16-13A | X |
| 422714 | WELL | PR | 11/14/2011 | GW | 123-33362 | PSC 13N-13HZ | X |
| 422716 | WELL | PR | 04/09/2012 | GW | 123-33364 | PSC 12N-13HZ | X |
| 422730 | WELL | PR | 04/09/2012 | GW | 123-33365 | PSC 12C-13HZ | X |
| 422739 | WELL | PR | 09/13/2011 | GW | 123-33367 | PSC 13C-13HZ | X |

Equipment:

Location Inventory

| | | | |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>5</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>2</u> | Separators: <u>5</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>16</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: <u>1</u> | Fuel Tanks: _____ |

Location

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| BATTERY | Satisfactory | X5 | | |
| WELLHEAD | Satisfactory | X5 | | |

Inspector Name: HICKEY, MIKE

| | | | | |
|----------------------|--------------|--|--|--|
| TANK LABELS/PLACARDS | 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 |
|-------------------|-----------------------------|---------|-------------------|---------|
| SEPARATOR | Satisfactory | | | |
| IGNITOR/COMBUSTOR | Satisfactory | X5 | | |
| TANK BATTERY | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Plunger Lift | 5 | Satisfactory | | | |
| Emission Control Device | 5 | Satisfactory | | | |
| Horizontal Heated Separator | 4 | Satisfactory | | | |
| Compressor | 4 | Satisfactory | | | |
| Gas Meter Run | 2 | Satisfactory | | | |
| Bird Protectors | 9 | Satisfactory | | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|------|--------|
| PRODUCED WATER | 2 | OTHER | | |

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) 210 Bbl. _____

Other (Type) _____

Berms

| 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 | 16 | 300 BBLS | STEEL AST | 40.219320,104.943530 | |
| S/U/V: | Satisfactory | Comment: | | | |
| Corrective Action: | | | | Corrective Date: | |
| Paint | | | | | |
| Condition | Adequate | | | | |
| Other (Content) | _____ | | | | |
| Other (Capacity) | _____ | | | | |
| 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 | |
| Ignitor/Combustor | Satisfactory | | | | |

Predrill

Location ID: 331619

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: 264028 Type: WELL API Number: 123-20992 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422714 Type: WELL API Number: 123-33362 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422716 Type: WELL API Number: 123-33364 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422730 Type: WELL API Number: 123-33365 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422739 Type: WELL API Number: 123-33367 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: RANGELAND
Comment: _____
1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass CM _____

CA _____ CA Date _____

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

CA _____ CA Date _____

Guy line anchors removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? In

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? I

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

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

Final Land Use: RANGELAND _____

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 _____ Multi-Well Location

Inspector Name: HICKEY, MIKE

| Storm Water: | | | | | | |
|---|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Seeding | | | | | | |
| S/U/V: <u>Satisfactory</u> Corrective Date: _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |