

**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:

08/03/2012

Document Number:

667600619

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>247401</u>	<u>336658</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	/24135	keith.kilcrease@anadarko.com	Production Superintendent
Cocciolone, Ashley	720-929-6625	Ashley.Cocciolone@anadarko.com	
Avant, Paul	720-929-6457	Paul.Avant@anadarko.com	

Compliance Summary:

QtrQtr:	<u>NWSE</u>	Sec:	<u>18</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)
04/18/2007	200110787	PR	PR	S		P	N
04/09/2000	200006150	PR	PR	S		P	N
04/13/1994	500172008		PR			P	N

Inspector Comment:

Routine inspection of API #05-123-15198, Sekich Farms Gas Unit #1 et al multi-well location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
247401	WELL	PR	10/09/1992	OW	123-15198	SEKICH FARMS GAS UNIT 1	X
283702	WELL	PR	10/01/2006	OW	123-23682	SEKICH 20-18	X
289171	WELL	PR	05/28/2008	OW	123-24743	SEKICH 23-18	X
420687	WELL	PR	05/16/2011		123-32668	SEKICH 32-17	X
420689	WELL	PR	05/06/2011		123-32669	SEKICH 24-18	X
420693	WELL	PR	05/06/2011		123-32672	SEKICH 30-20	X
420694	WELL	PR	05/06/2011		123-32673	SEKICH 39-18	X

Equipment:Location Inventory

Inspector Name: HICKEY, MIKE

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>8</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>8</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	X7		
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory	X7		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory		Remove unused plumbing parts from 24-18 and 30-20 wellheads.	10/01/2012

Spills:

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

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	X7		
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			
IGNITOR/COMBUST OR	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	Satisfactory			
Compressor	1	Satisfactory			
Bird Protectors	3	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Plunger Lift	7	Satisfactory			

Inspector Name: HICKEY, MIKE

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	OTHER	PBV FIBERGLASS		
S/U/V:	Satisfactory		Comment: _____		
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	3	300 BBLS	STEEL AST	40.223880,104.928330	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficent	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: 336658

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: 247401 Type: WELL API Number: 123-15198 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 283702 Type: WELL API Number: 123-23682 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

Producing Well

Comment:

Facility ID: 289171 Type: WELL API Number: 123-24743 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420687 Type: WELL API Number: 123-32668 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420689 Type: WELL API Number: 123-32669 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420693 Type: WELL API Number: 123-32672 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420694 Type: WELL API Number: 123-32673 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: _____

Land Use: <u>IRRIGATED</u>	
Comment:	<div></div>
1003a.	Debris removed? <u>Pass</u> CM _____ CA _____ CA Date _____ Waste Material Onsite? <u>Pass</u> CM _____ CA _____ CA Date _____ Unused or unneeded equipment onsite? <u>In</u> CM _____ CA _____ CA Date _____ Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____ CA _____ CA Date _____ Guy line anchors removed? <u>Pass</u> CM _____ CA _____ CA Date _____ Guy line anchors marked? _____ CM _____ CA _____ CA Date _____
1003b.	Area no longer in use? <u>In</u> Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped? <u>In</u>
1003d.	Drilling pit closed? <u>Pass</u> Subsidence over on drill pit? <u>Pass</u> Cuttings management: _____
1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>In</u> Production areas have been stabilized? <u>Pass</u> Segregated soils have been replaced? <u>Pass</u> RESTORATION AND REVEGETATION <u>Cropland</u> Top soil replaced _____ Recontoured _____ Perennial forage re-established _____ <u>Non-Cropland</u> Top soil replaced <u>Pass</u> Recontoured <u>Pass</u> 80% Revegetation <u>In</u>
1003 f.	Weeds Noxious weeds? <u>I</u>
Comment:	<div></div>
Overall Interim Reclamation <u>In Process</u>	

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

Final Land Use: IRRIGATED

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

Multi-Well Location



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: