

Inspector Name: HICKEY, MIKE

**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



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

08/08/2012

Document Number:

667600655

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                     |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:     |
|                     | <u>251042</u> | <u>330312</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 |
|--------------------|--------------|--------------------------------|---------|
| Cocciolone, Ashley | 720-929-6625 | Ashley.Cocciolone@anadarko.com |         |

**Compliance Summary:**

| QtrQtr:    | <u>SENE</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 | 200110793   | PR         | PR          | S                            |           | P              | N               |
| 04/20/1998 | 500178265   | PR         | PR          |                              |           | P              | N               |

**Inspector Comment:**

Routine inspection of API #05-123-18845, HSR-Margaret#8-18.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------------------------------|
| 251042      | WELL | PR     | 02/28/1995  | OW         | 123-18845 | HSR-MARGARET 8-18 | <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 Motors: _____ | 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**

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

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: \_\_\_\_\_

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

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

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|  |  |                             |                     |                   |                  |
|--|--|-----------------------------|---------------------|-------------------|------------------|
| <b>Spills:</b>   |  |                             |                     |                   |                  |
| Type   | Area   | Volume                      | Corrective action   | CA Date           |                  |
| <input type="checkbox"/> Multiple Spills and Releases?                   |  |                             |                     |                   |                  |
| <b>Fencing/:</b>   |  |                             |                     |                   |                  |
| Type   | Satisfactory/Unsatisfactory  | Comment                     | Corrective Action   | CA Date           |                  |
| WELLHEAD   | Satisfactory   |                             |                     |                   |                  |
| <b>Equipment:</b>  |  |                             |                     |                   |                  |
| Type   | #  | Satisfactory/Unsatisfactory | Comment             | Corrective Action | CA Date          |
| Plunger Lift   | 1  | Satisfactory                |                     |                   |                  |
| <b>Facilities:</b> <input type="checkbox"/> New Tank      Tank ID: _____ |  |                             |                     |                   |                  |
| Contents   | #  | Capacity                    | Type                | SE GPS            |                  |
| CRUDE OIL  |  |                             |                     | ,                 |                  |
| S/U/V:   | Comment: Shared battery. See API #05-123-18845 for battery inspection. |                             |                     |                   |                  |
| Corrective Action:   |  |                             |                     |                   | Corrective Date: |
| <b>Paint</b>   |  |                             |                     |                   |                  |
| Condition  |  |                             |                     |                   |                  |
| Other (Content)  |  |                             |                     |                   |                  |
| Other (Capacity)   |  |                             |                     |                   |                  |
| Other (Type)   |  |                             |                     |                   |                  |
| <b>Berms</b>   |  |                             |                     |                   |                  |
| Type   | Capacity   | Permeability (Wall)         | Permeability (Base) | Maintenance       |                  |
|  |  |                             |                     |                   |                  |
| 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: 330312

**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: 251042 Type: WELL API Number: 123-18845 Status: PR Insp. Status: PR

**Producing Well**

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

**Environmental****Spills/Releases:**

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|  |                              |                               |
|--|------------------------------|-------------------------------|
| Type of Spill: _____   | Description: _____           | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                              |                               |
| Corrective Action: _____   |                              | Date: _____                   |
| Reportable: _____  | GPS: Lat _____               | Long _____                    |
| Proximity to Surface Water: _____  | Depth to Ground Water: _____ |                               |

|                        |                   |             |            |
|------------------------|-------------------|-------------|------------|
| <b>Water Well:</b>     |                   | 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: \_\_\_\_\_

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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

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? Pass

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

RESTORATION AND REVEGETATION

Cropland

Inspector Name: HICKEY, MIKE

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

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

Overall Interim Reclamation Pass

**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 \_\_\_\_\_

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 ☐

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