

**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:

08/13/2012

Document Number:

667600669

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	419120	323578		HICKEY, MIKE

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: SESW Sec: 27 Twp: 2N Range: 68W

Inspector Comment:

New well inspection of API #05-123-32143, Wilflower #35-27 et al multi well location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
245427	WELL	PR	01/07/1987	OW	123-13222	LONGMONT FARMS UNIT 5	
419115	WELL	PR	07/21/2011		123-32141	WILDFLOWER 14-27	X
419119	WELL	PR	09/30/2011	GW	123-32142	WILDFLOWER 33-27	X
419120	WELL	PR	04/09/2012	GW	123-32143	WILDFLOWER 35-27	X
419122	WELL	PR	09/30/2011	GW	123-32144	WILDFLOWER 36-27	X
419125	WELL	PR	06/16/2011		123-32145	WILDFLOWER 19-27	X
419126	WELL	PR	07/20/2011		123-32146	WILDFLOWER 12-27	X
419134	WELL	PR	07/20/2011		123-32147	WILDFLOWER 11-27	X

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	X7		

Inspector Name: HICKEY, MIKE

TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory	X7		

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

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

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

Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	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					

Inspector Name: HICKEY, MIKE

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	5	OTHER	STEEL AST	40.105020,104.993260	
S/U/V:	Satisfactory		Comment:		
Corrective Action:					Corrective Date:
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 315 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	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 323578

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: 419115 Type: WELL API Number: 123-32141 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 419119 Type: WELL API Number: 123-32142 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

Producing Well

Comment:

Facility ID: 419120 Type: WELL API Number: 123-32143 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 419122 Type: WELL API Number: 123-32144 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 419125 Type: WELL API Number: 123-32145 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 419126 Type: WELL API Number: 123-32146 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 419134 Type: WELL API Number: 123-32147 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 style="border: 1px solid black; height: 20px;"></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>Pass</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?	_____	
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?	_____ P	
Comment:		<div style="border: 1px solid black; height: 20px;"></div>	
Overall Interim Reclamation		<u>In Process</u>	

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

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: