

**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:

08/23/2012

Document Number:

667600719

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>418524</u> | <u>418522</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 | |
| Avant, Paul | 720-929-6457 | Paul.Avant@anadarko.com | |

Compliance Summary:

QtrQtr: SENE Sec: 26 Twp: 2N Range: 66W

Inspector Comment:

New well inspection of API #05-123-31945, Badding 2-26SX et al multi-well location.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------------------------------|
| 418517 | WELL | WO | 09/13/2010 | | 123-31941 | BADDING 8-26SX | <input checked="" type="checkbox"/> |
| 418520 | WELL | PR | 11/04/2011 | GW | 123-31942 | BADDING 1-26 | <input checked="" type="checkbox"/> |
| 418521 | WELL | WO | 09/13/2011 | | 123-31943 | BADDING 1-26SX | <input checked="" type="checkbox"/> |
| 418523 | WELL | PR | 10/13/2011 | GW | 123-31944 | BADDING 2-26 | <input checked="" type="checkbox"/> |
| 418524 | WELL | WO | 10/05/2011 | | 123-31945 | BADDING 2-26SX | <input checked="" type="checkbox"/> |
| 418525 | WELL | PR | 11/10/2011 | GW | 123-31946 | BADDING 41-26 | <input checked="" type="checkbox"/> |
| 418534 | WELL | PR | 10/13/2011 | GW | 123-31949 | BADDING 27-26 | <input checked="" type="checkbox"/> |
| 418547 | WELL | PR | 11/10/2011 | GW | 123-31951 | BADDING 24-26 | <input checked="" type="checkbox"/> |
| 418973 | WELL | PR | 11/10/2011 | GW | 123-32083 | BADDING 8-26 | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>9</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | 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: _____ | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: _____ | Fuel Tanks: _____ |

Location

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| BATTERY | Satisfactory | X9 | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| WELLHEAD | Satisfactory | X9 | | |

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

Comment: _____

Corrective Action: _____

| Spills: | | | | |
|----------------|----------|-----------|---|------------|
| Type | Area | Volume | Corrective action | CA Date |
| Crude Oil | WELLHEAD | <= 5 bbls | Clean up oil stained soils at the wellhead. | 11/01/2012 |

☐ Multiple Spills and Releases?

| Fencing/: | | | | |
|--------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| SEPARATOR | Satisfactory | | | |
| WELLHEAD | Satisfactory | X9 | | |
| PUMP JACK | Satisfactory | X3 | | |
| IGNITOR/COMBUST OR | Satisfactory | X2 | | |
| TANK BATTERY | Satisfactory | | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Gas Meter Run | 1 | Satisfactory | | | |
| Bird Protectors | 8 | Satisfactory | | | |
| Pump Jack | 3 | Satisfactory | Stuffing box is starting to show evidence of leakage. | | |
| Emission Control Device | 2 | Satisfactory | | | |
| Pig Station | 1 | Satisfactory | | | |
| Plunger Lift | 6 | Satisfactory | | | |
| Compressor | 1 | Satisfactory | | | |
| Horizontal Heated Separator | 6 | Satisfactory | | | |

Inspector Name: HICKEY, MIKE

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 10 | 300 BBLS | STEEL AST | 40.108680,104.743180 | |
| 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: 418522

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: 418517 Type: WELL API Number: 123-31941 Status: WO Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 418520 Type: WELL API Number: 123-31942 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

Producing Well

Comment:

Facility ID: 418521 Type: WELL API Number: 123-31943 Status: WO Insp. Status: PR

Producing Well

Comment:

Facility ID: 418523 Type: WELL API Number: 123-31944 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 418524 Type: WELL API Number: 123-31945 Status: WO Insp. Status: PR

Producing Well

Comment:

Facility ID: 418525 Type: WELL API Number: 123-31946 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 418534 Type: WELL API Number: 123-31949 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 418547 Type: WELL API Number: 123-31951 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 418973 Type: WELL API Number: 123-32083 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:

Inspector Name: HICKEY, MIKE

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? 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? 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? In

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

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass Perennial forage re-established In

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

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

Final Land Use: DRY LAND

Reminder: _____

Comment: _____

Inspector Name: HICKEY, MIKE

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: _____