

**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:

10/04/2012

Document Number:

667600859

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |               |               |               |                     |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:     |
|                     | <u>248885</u> | <u>328967</u> |               | <u>HICKEY, MIKE</u> |

**Operator Information:**

|                       |                       |                   |  |
|-----------------------|-----------------------|-------------------|--|
| OGCC Operator Number: | <u>47120</u>          | Name of Operator: | <u>KERR-MCGEE OIL &amp; 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 |         |

**Compliance Summary:**

| QtrQtr:    | <u>SWNW</u> | Sec:       | <u>23</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) |
| 01/31/2007 | 200105166   | PR         | PR          | S                            |           | P              | N               |
| 05/05/1999 | 500173969   | PR         | PR          |                              |           |                |                 |
| 11/20/1998 | 500173968   | PR         | PR          |                              |           | P              | N               |
| 02/17/1994 | 500173967   |            | PR          |                              |           | P              | N               |

**Inspector Comment:**

Routine inspection of API #05-123-16687, Palombo #23-5L. Leaking master valve requires repair and clean up.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |
|-------------|------|--------|-------------|------------|-----------|---------------|
| 248885      | WELL | PR     | 03/02/2011  | OG         | 123-16687 | PALOMBO 23-5L |

**Equipment:**Location Inventory

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: _____        | 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 |
| WELLHEAD      | Satisfactory                |         |                   |         |

Inspector Name: HICKEY, MIKE

|                         |              |  |  |  |
|-------------------------|--------------|--|--|--|
| BATTERY                 | Satisfactory |  |  |  |
| TANK<br>LABELS/PLACARDS | Satisfactory |  |  |  |

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 leaked fluids at the wellhead. | 01/01/2013 |

☐ Multiple Spills and Releases?

| Fencing/: |                             |         |                   |         |
|-----------|-----------------------------|---------|-------------------|---------|
| Type      | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD  | Satisfactory                |         |                   |         |
| SEPARATOR | Satisfactory                |         |                   |         |

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

|                    |              |                                   |                |                  |        |
|--------------------|--------------|-----------------------------------|----------------|------------------|--------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                  |        |
| Contents           |              | #                                 | Capacity       | Type             | SE GPS |
| PRODUCED WATER     |              | 1                                 | <100 BBLS      | PBV FIBERGLASS   | ,      |
| S/U/V:             | Satisfactory |                                   | Comment:       |                  |        |
| Corrective Action: |              |                                   |                | Corrective Date: |        |

| Paint                          |          |
|--------------------------------|----------|
| Condition                      | Adequate |
| Other (Content) _____          |          |
| Other (Capacity) 75 Bbl. _____ |          |
| Other (Type) _____             |          |

| Berms             |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
|                   |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

Inspector Name: HICKEY, MIKE

|                        |                             |                                   |                     |                      |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| CRUDE OIL              | 1                           | 300 BBLS                          | STEEL AST           | 40.216230,104.867200 |  |
| S/U/V:                 | Satisfactory                |                                   | Comment:            |                      |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:     |  |
| <b>Paint</b>           |                             |                                   |                     |                      |  |
| Condition              | Adequate                    |                                   |                     |                      |  |
| Other (Content) _____  |                             |                                   |                     |                      |  |
| Other (Capacity) _____ |                             |                                   |                     |                      |  |
| Other (Type) _____     |                             |                                   |                     |                      |  |
| <b>Berms</b>           |                             |                                   |                     |                      |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance          |  |
| Earth                  | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate             |  |
| Corrective Action      |                             |                                   |                     | Corrective Date      |  |
| Comment                |                             |                                   |                     |                      |  |
| <b>Venting:</b>        |                             |                                   |                     |                      |  |
| Yes/No                 |                             | Comment                           |                     |                      |  |
|                        |                             |                                   |                     |                      |  |
| <b>Flaring:</b>        |                             |                                   |                     |                      |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date              |  |
| Ignitor/Combustor      | Satisfactory                |                                   |                     |                      |  |

**Predrill**

Location ID: 328967

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

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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

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

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Inspector Name: HICKEY, MIKE

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: \_\_\_\_\_

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? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors removed? \_\_\_\_\_ 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? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

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

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

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? P

Inspector Name: HICKEY, MIKE

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Seeding          | Pass            | Gravel                  | Pass                  |               |                          |         |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_