

**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 |
|----|----|----|----|

Inspection Date:

10/17/2012

Document Number:

667600898

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>421206</u> | <u>421202</u> | | <u>HICKEY, MIKE</u> |

Operator Information:OGCC Operator Number: 47120 Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: DENVERState: COZip: 80217-**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: NWSW Sec: 14 Twp: 1N Range: 68W**Inspector Comment:**

First time inspection of API #05-123-32844, Sweetgrass #33-14 et al multi-well location.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------------------------------|
| 421206 | WELL | PR | 10/06/2011 | GW | 123-32844 | SWEETGRASS 33-14 | <input checked="" type="checkbox"/> |
| 421207 | WELL | PR | 10/06/2011 | GW | 123-32845 | SWEETGRASS 23-14 | <input checked="" type="checkbox"/> |
| 421209 | WELL | PR | 10/05/2011 | GW | 123-32846 | SWEETGRASS 11-14 | <input checked="" type="checkbox"/> |
| 421210 | WELL | PR | 10/05/2011 | GW | 123-32847 | SWEETGRASS 12-14A | <input checked="" type="checkbox"/> |
| 421214 | WELL | PR | 07/12/2012 | | 123-32849 | SWEETGRASS 13-14 | <input checked="" type="checkbox"/> |
| 421217 | WELL | PR | 10/06/2011 | GW | 123-32852 | SWEETGRASS 22-14 | <input checked="" type="checkbox"/> |
| 421220 | WELL | PR | 10/06/2011 | GW | 123-32855 | SWEETGRASS 14-14 | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>7</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>1</u> | Separators: <u>7</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>7</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 |
|----------|-----------------------------|---------|-------------------|---------|
| 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 |
|--------------------|-----------------------------|------------------------------|-------------------|---------|
| SEPARATOR | Satisfactory | | | |
| TANK BATTERY | Satisfactory | | | |
| IGNITOR/COMBUST OR | Satisfactory | X2 | | |
| WELLHEAD | Satisfactory | 7 wellheads fenced together. | | |

Equipment:

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

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|------|--------|
| PRODUCED WATER | 1 | OTHER | | , |

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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 | 40.048620,104.965000 |
| 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: 421202

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: 421206 Type: WELL API Number: 123-32844 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 421207 Type: WELL API Number: 123-32845 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

Producing Well

Comment:

Facility ID: 421209 Type: WELL API Number: 123-32846 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 421210 Type: WELL API Number: 123-32847 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 421214 Type: WELL API Number: 123-32849 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 421217 Type: WELL API Number: 123-32852 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 421220 Type: WELL API Number: 123-32855 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: _____

Inspector Name: HICKEY, MIKE

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? _____ 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 _____ 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: COMMERCIAL

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

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____