

Inspector Name: SCHURE, KYM

**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
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Inspection Date:

03/19/2013

Document Number:

664000853

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>421995</u>	<u>318070</u>	<u>SCHURE, KYM</u>	<input type="checkbox"/>	

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
Avant, Paul		Paul.avant@anadarko.com	

Compliance Summary:

QtrQtr: NWNE Sec: 8 Twp: 2N Range: 65W

Inspector Comment:Shared battery**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
240550	WELL	PR	06/13/2012	OW	123-08338	EVERETT NICHOLS 1	<input checked="" type="checkbox"/>
421974	WELL	PR	10/05/2011	OW	123-33119	NICHOLS 17-8	<input checked="" type="checkbox"/>
421994	WELL	PR	08/25/2011	OW	123-33125	NICHOLS 2-8	<input checked="" type="checkbox"/>
421995	WELL	PR	10/04/2011	GW	123-33126	NICHOLS 21-8	<input checked="" type="checkbox"/>
422008	WELL	PR	10/05/2011	OW	123-33129	NICHOLS 24-8	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>5</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>16</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>16</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
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Corrective Date: _____

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Comment:

Corrective Action:

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory	Wellhead parts laying on ground at Everett #1	Remove unused equipment/parts	04/30/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
IGNITOR/COMBUST OR	Satisfactory			
OTHER	Satisfactory	Gas meter run		
WELLHEAD	Satisfactory	Steel panels		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flare	1	Satisfactory			
Bird Protectors	7	Satisfactory			
Emission Control Device	1	Satisfactory			
Horizontal Heated Separator	6	Satisfactory			
Plunger Lift	5	Satisfactory			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	PBV FIBERGLASS	,

S/U/V: Satisfactory

Comment:

Corrective Action:

Corrective Date:

Paint

Condition	Adequate
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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	

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	7	300 BBLS	STEEL AST	40.000000,104.000000	
S/U/V:			Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 318070

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: 240550 Type: WELL API Number: 123-08338 Status: PR Insp. Status: SI

Producing Well

Comment: _____

Facility ID: 421974 Type: WELL API Number: 123-33119 Status: PR Insp. Status: PR

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Facility ID: 421994 Type: WELL API Number: 123-33125 Status: PR Insp. Status: PR

Facility ID: 421995 Type: WELL API Number: 123-33126 Status: PR Insp. Status: PR

Facility ID: 422008 Type: WELL API Number: 123-33129 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift wells. Wells are tied to battery including/ Nichols 22-8, Nichols 18-8, Nichols 2-8, Nichols 24-8, Nichols 25-8, Nichols 31-8, Nichols Everett 1, Nichols 7-8A, Nichols 6-8, Nichols 1-8A, Nichols 8-8, Nichols 5-8, Nichols 4-8A, Nichols 17-8 & Nichols 21-8.

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: Well is temporarily shut in, per signage on wellhead.

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:

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: 03/19/2013

Land Use: DRY LAND

Comment: Footprint reduced

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? In CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed?	<u>Pass</u>	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? In Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

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? Pass Segregated soils have been replaced? In

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? I

Comment: Footprint reduced

Overall Interim Reclamation Pass

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: IRRIGATED _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
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: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	Date _____
Overall Final Reclamation _____	Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel		Paving	Pass			

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

Comment: No surface erosion from O&G operations observed.

CA: _____