

**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:

03/22/2013

Document Number:

667601234

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | 248634 | 336414 | HICKEY, MIKE | <input type="checkbox"/> 2A Doc Num: _____ |

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 | 720-929-6457 | Paul.Avant@anadarko.com | |
| Cocciolone, Ashley | 720-929-6625 | Ashley.Cocciolone@anadarko.com | |

Compliance Summary:

| QtrQtr: <u>SENE</u> | Sec: <u>6</u> | Twp: <u>2N</u> | Range: <u>66W</u> | | | | |
|---------------------|---------------|----------------|-------------------|------------------------------|----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 02/11/2011 | 200299573 | PR | PR | S | | | N |
| 02/06/2006 | 200088429 | PR | PR | S | | P | N |
| 05/05/2000 | 200007043 | PR | PR | S | | P | N |
| 10/06/1999 | 500173625 | PR | PR | | | | |
| 07/16/1997 | 500173624 | PR | PR | | | | |
| 03/19/1996 | 500173623 | PR | PR | | | | |

Inspector Comment:

Plugging observation at API #05-123-16435, Sakata Red W #6-8. CIBP stuck at 5490. Operator pressured up to 2500 and held for 15 minutes. Placed 15 sx (+/- 350') on top of stuck plug. Pulling out of hole to place next plug across the Sussex. Operator will place 50 sx (form 6 calls for 25) and will attempt to pump some into the formation. Will displace to put top of cement at 4115 or higher.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------------------------------|
| 248634 | WELL | PR | 09/10/2008 | OW | 123-16435 | SAKATA RED W 6-8 | <input checked="" type="checkbox"/> |
| 262249 | WELL | PR | 04/14/2002 | GW | 123-20740 | SAKATA FEDERAL 8-6A | <input checked="" type="checkbox"/> |

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

Inspector Name: HICKEY, MIKE

| Signs/Marker: | | | | |
|----------------------|-----------------------------|--|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |
| BATTERY | Satisfactory | X2 Battery signage will require reconfiguration when plugging is complete. | | |

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

Comment: _____

Corrective Action: _____

| Spills: | | | | |
|--|------|--------|-------------------|---------|
| Type | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| Fencing/: | | | | |
|--------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| IGNITOR/COMBUST OR | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |

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

Inspector Name: HICKEY, MIKE

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CRUDE OIL | 1 | 300 BBLS | STEEL AST | 40.173730,104.814970 | |
| 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 | |
| Earth | Adequate | Walls Sufficient | Base Sufficient | Adequate | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |
| Venting: | | | | | |
| Yes/No | | Comment | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| Ignitor/Combustor | Satisfactory | | | | |

Predrill

Location ID: 336414

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: 248634 Type: WELL API Number: 123-16435 Status: PR Insp. Status: PA

Cement**Cement Contractor**

Contractor Name: Sanjel

Contractor Phone: 406 232 9800

Surface Casing

Cement Volume (sx):

Circulate to Surface:

Cement Fall Back:

Top Job, 1" Volume:

Intermediate Casing

Cement Volume (sxs):

Good Return During Job:

Production Casing

Cement Volume (sx):

Good Return During Job:

Plugging Operations

Depth Plugs(feet range): 5490-5140

Cement Volume (sx): 25

Good Return During Job:

Cement Type:

Comment:

Facility ID: 262249 Type: WELL API Number: 123-20740 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:

Comment:

| | | |
|---|---|--|
| 1003a. | Debris removed? In _____ CM _____ | |
| | CA _____ | CA Date _____ |
| | Waste Material Onsite? In _____ 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? In _____ | Production areas stabilized ? Pass _____ |
| 1003c. | Compacted areas have been cross ripped? In _____ | |
| 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? In _____ | |
| | Production areas have been stabilized? Pass _____ | Segregated soils have been replaced? Pass _____ |
| RESTORATION AND REVEGETATION | | |
| <u>Cropland</u> | | |
| | Top soil replaced Pass _____ | Recontoured Pass _____ Perennial forage re-established In _____ |
| <u>Non-Cropland</u> | | |
| | Top soil replaced _____ | Recontoured _____ 80% Revegetation _____ |
| 1003 f. | Weeds Noxious weeds? _____ P _____ | |
| Comment: <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 90%;">Surrounding field is plowed and ready for planting. Area around plugged well and producing well has been disturbed during plugging operations and will require interim remediation.</div> | | |
| Overall Interim Reclamation In Process | | |

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 _____

Inspector Name: HICKEY, MIKE

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 | | Compaction | Pass | | | |

S/U/V: Satisfactory

Corrective Date:

Comment:

CA: