

**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:

06/13/2013

Document Number:

667601418

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|---------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>430629</u> | <u>430616</u> | <u>HICKEY, MIKE</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 | 720-929-6457 | Paul.Avant@anadarko.com | |
| Cocciolone, Ashley | 720-929-6625 | Ashley.Cocciolone@anadarko.com | |

Compliance Summary:

QtrQtr: SWSW Sec: 20 Twp: 2N Range: 65W

Inspector Comment:

First time inspection of API #05-123-36223, Byladek #30C-20HZ et al multi well location. Rigging up for Hydraulic fracturing.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------------------------------|
| 430615 | WELL | DG | 03/11/2013 | LO | 123-36212 | BYDALEK 28C-20HZ | <input checked="" type="checkbox"/> |
| 430618 | WELL | WO | 04/22/2013 | LO | 123-36214 | BYDALEK 4N-20HZ | <input checked="" type="checkbox"/> |
| 430620 | WELL | DG | 03/11/2013 | LO | 123-36216 | BYDALEK 28N-20HZ | <input checked="" type="checkbox"/> |
| 430622 | WELL | DG | 04/12/2013 | LO | 123-36217 | BYDALEK 3N-20HZ | <input checked="" type="checkbox"/> |
| 430624 | WELL | DG | 04/12/2013 | LO | 123-36219 | BYDALEK 29C-20HZ | <input checked="" type="checkbox"/> |
| 430626 | WELL | DG | 04/12/2013 | LO | 123-36220 | BYDALEK 29N-20HZ | <input checked="" type="checkbox"/> |
| 430629 | WELL | DG | 03/11/2013 | LO | 123-36223 | BYDALEK 30C-20HZ | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

| | | | |
|------------------------------|-------------------------|------------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>2</u> | Wells: <u>7</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>2</u> | Separators: <u>7</u> | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: <u>2</u> | Pump Jacks: <u>7</u> |
| Electric Generators: _____ | Gas Pipeline: <u>1</u> | Oil Pipeline: <u>1</u> | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: <u>4</u> | Oil Tanks: <u>28</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: <u>10</u> | Fuel Tanks: _____ |

Location**Signs/Marker:**

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

Inspector Name: HICKEY, MIKE

| | | | | |
|-----------------|--------------|--|--|--|
| DRILLING/RECOMP | Satisfactory | | | |
|-----------------|--------------|--|--|--|

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

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|----|-----------------------------|---|-------------------|---------|
| Emission Control Device | 4 | Satisfactory | | | |
| Bird Protectors | 11 | Satisfactory | Production facilities are under construction. | | |
| Dehydrator | 1 | Satisfactory | | | |
| Horizontal Heated Separator | 7 | Satisfactory | | | |
| LACT | 1 | Satisfactory | | | |
| Compressor | 3 | Satisfactory | | | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|--------------------|---|----------|----------------|------------------|
| PRODUCED WATER | 2 | OTHER | PBV FIBERGLASS | , |
| S/U/V: | | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------|----------|
| Condition | |
| 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 | 6 | 300 BBLS | STEEL AST | 40.116940,104.693370 | |
| 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 | | | |
| NO | | | | | |
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 430616

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: 430615 Type: WELL API Number: 123-36212 Status: DG Insp. Status: WO

Well StimulationStimulation Company: SelectStimulation Type: HYDRAULIC FRAC**Observation:**

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430618 Type: WELL API Number: 123-36214 Status: WO Insp. Status: WO**Well Stimulation**

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430620 Type: WELL API Number: 123-36216 Status: DG Insp. Status: WO**Well Stimulation**

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430622 Type: WELL API Number: 123-36217 Status: DG Insp. Status: WO**Well Stimulation**

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430624 Type: WELL API Number: 123-36219 Status: DG Insp. Status: WO**Well Stimulation**

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430626 Type: WELL API Number: 123-36220 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____

Fluid: _____

Gas: _____

Facility ID: 430629 Type: WELL API Number: 123-36223 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: _____

Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI

Tubing: _____

Surface: _____

Intermediate: _____

Production: _____

Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____

Frac Flow Back: _____

Fluid: _____

Gas: _____

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: IRRIGATED

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ 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? _____ Production areas stabilized ? _____
 1003c. Compacted areas have been cross ripped? _____
 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? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: Interim reclamation will be required after wells are placed into production.

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

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

Final Land Use: IRRIGATED

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 ☐

Inspector Name: HICKEY, MIKE

| | | | | | | |
|---|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Storm Water: | | | | | | |
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Ditches | Pass | Gravel | Pass | | | |
| S/U/V: Satisfactory Corrective Date: _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |