

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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Inspection Date:
10/24/2013

Document Number:
600000065

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>250333</u>	<u>329980</u>	<u>JOHNSON, RANDELL</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: _____

Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP

Address: P O BOX 173779

City: DENVER State: CO Zip: 80217-

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
AXELSON, JOHN		john.axelson@state.co.us	
Kilcrease, Keith	970-506-5926	keith.kilcrease@anadarko.com	Production Superintendent
ELLSWORTH, STUART		stuart.ellsworth@state.co.us	
Avant, Paul	O:720-929-6457, C:720-273-2688	paul.avant@anadarko.com	Rockies Regulatory Affairs

Compliance Summary:

QtrQtr: NESE Sec: 20 Twp: 3N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/08/2010	200242309	PR	PR	S			N
06/29/2004	200056527	PR	PR	S		P	N
04/09/2000	200005933	PR	PR	S		P	N
05/12/1994	500176897		PR			P	N
04/12/1994	500176896		DG			P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
250333	WELL	PR	05/26/1998	OW	123-18136	HSR-B/R "D" 9-20	FR	<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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Unsatisfactory	Missing well sign for HSR-B/R D 16-20	Install sign to comply with rule 210.	11/24/2013

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Tank	<= 5 bbls	Submit repair plan to OGCC per NTO	11/24/2013

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY		Barbed wire fencing		
SEPARATOR		Barbed wire fencing		
WELLHEAD		Pipe fencing		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2		SE corner of fence around meter runs and separators 40.20631, - 104.91020		
Plunger Lift	1		SE corner of fence around wellhead 40.20984, - 104.90742		
Gas Meter Run	2		Check meters on outlets of separators/SE corner of fence around meter runs and separators 40.20631, - 104.91020		
Gas Meter Run	1		Pipeline meter/SE corner of fence around meter runs and separators 40.20631, - 104.91020		
Emission Control Device	1		SE corner of fence around ECD 40.20539, - 104.91023		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	40.205850,-104.910230
S/U/V:	Comment: Centralized battery services HSR-B/R D 9-20 (123-18136), HSR-B/R D 10-20 (123-18238), HSR-B/R D 15-20 (123-18240) & HSR-B/R D 16-20 (123-18137)			
Corrective Action:				Corrective Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate
Corrective Action	Submit repair plan to OGCC per NTO			Corrective Date 11/24/2013
Comment	Berm damaged by flooding			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<50 BBLS	BV CONCRETE	40.205850,-104.910230
S/U/V:	Comment: 48 bbls			
Corrective Action:				Corrective Date:

Paint

Condition

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate
Corrective Action	Submit repair plan to OGCC per NTO			Corrective Date 11/24/2013
Comment	Berm damaged by flooding			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	2	300 BBLS	STEEL AST	40.205850,-104.910230	
S/U/V:	Comment:				
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Inadequate	Walls Insufficient	Base Insufficient	Inadequate	
Corrective Action	Submit repair plan to OGCC per NTO			Corrective Date	11/24/2013
Comment	Berm damaged by flooding				
Venting:					
Yes/No	Comment				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 250333

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

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: 250333 Type: WELL API Number: 123-18136 Status: PR Insp. Status: FR

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: SI

Environmental

Spills/Releases:

Type of Spill: OIL Description: _____ Estimated Spill Volume: _____

Comment: Pool of oil at base of crude oil tank

Corrective Action: Submit repair plan to OGCC per NTO Date: 11/24/2013

Reportable: NO GPS: Lat 40.206040 Long -104.910320

Proximity to Surface Water: 950.4 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? Fail CM Flood debris on locations

CA Submit repair plan to OGCC per NTO CA Date 11/24/2013

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? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? Fail

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? Fail Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ F _____

Comment: Flood damage, erosion and debris to locations and lease roads - Submit repair plan to OGCC per NTO

Overall Interim Reclamation **Fail**

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 _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Fail	Other	Fail			Vegetation
Gravel	Fail	Gravel	Fail			
Compaction	Fail	Compaction	Fail			

S/U/V: Unsatisfactory Corrective Date: 11/24/2013

Comment: Flood damage, erosion and debris to locations and lease roads

CA: Submit repair plan to OGCC per NTO

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Submit repair plan to OGCC per NTO	johnsonr	10/24/2013