

**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:

01/06/2014

Document Number:

600000606

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                  |  |
|---------------------|-------------|--------|------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection                         |
|                     | 247125      | 327608 | JOHNSON, RANDELL | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number:

Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: 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                    |
|--------------|-----------------------------------|-------------------------|----------------------------|
| Avant, Paul  | O:720-929-6457,<br>C:720-273-2688 | paul.avant@anadarko.com | Rockies Regulatory Affairs |

**Compliance Summary:**

| QtrQtr:    | <u>SWNW</u> | Sec:       | <u>5</u>    | Twp:                         | <u>2N</u> | Range:         | <u>67W</u>      |
|------------|-------------|------------|-------------|------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 01/27/2011 | 200295389   | PR         | PR          | Unsatisfactory               |           |                | Yes             |
| 03/06/2000 | 200004600   | PR         | PR          | Satisfactory                 |           | Pass           | No              |
| 03/05/2000 | 200004599   | PR         | PR          | Satisfactory                 |           | Pass           | No              |

**Inspector Comment:**


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**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|-------------------------------------|
| 247125      | WELL | PR     | 01/04/1996  | GW         | 123-14922 | MERLE MCHALE UNIT 2 | SI          | <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 Motors: _____ | 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**

| <b>Signs/Marker:</b> |                             |         |                   |         |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD             | Satisfactory                |         |                   |         |

Inspector Name: JOHNSON, RANDELL

|   |                    |                        |
|---|--------------------|------------------------|
| Emergency Contact Number: (S/U/V) _____ | Satisfactory _____ | Corrective Date: _____ |
| Comment: _____                          |                    |                        |
| Corrective Action: _____                |                    |                        |

| Good Housekeeping: |                             |                            |                   |            |
|--------------------|-----------------------------|----------------------------|-------------------|------------|
| Type               | Satisfactory/Unsatisfactory | Comment                    | Corrective Action | CA Date    |
| WEEDS              | Unsatisfactory              | Weeds at wellhead location | Remove weeds      | 02/06/2014 |

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

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

| Equipment:   |   |                             |         |                   |         |
|--------------|---|-----------------------------|---------|-------------------|---------|
| Type         | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Plunger Lift | 1 | Satisfactory                |         |                   |         |

| Facilities:        |              | <input type="checkbox"/> New Tank | Tank ID: _____  |                       |
|--------------------|--------------|-----------------------------------|---|-----------------------|
| Contents           | #            | Capacity                          | Type  | SE GPS                |
|                    |              |                                   | CENTRALIZED BATTERY   | 40.173850,-104.922110 |
| S/U/V:             | Satisfactory | Comment:                          | See related inspection document #600000604 for information concerning shared facilities and equipment |                       |
| 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: 247125

**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: 247125 Type: WELL API Number: 123-14922 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Producing intermittently

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width: 700px;" type="text"/>         |  |                              |            |
| Corrective Action: _____                                    |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                           |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                      | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                    |  |                              |            |
| <input style="width: 300px;" type="text"/>                  |  |                              |            |
| Sample Location: <input style="width: 400px;" type="text"/> |  |                              |            |
| 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: <input style="width: 750px;" type="text"/>  |  |
| 1003a. Debris removed? <u>Pass</u> CM _____  |  |
| CA _____   | CA Date _____                              |
| Waste Material Onsite? <u>Pass</u> CM _____  |  |
| CA _____   | CA Date _____                              |
| Unused or unneeded equipment onsite? <u>Pass</u> CM _____  |  |
| CA _____   | CA Date _____                              |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____   |  |
| CA _____   | CA Date _____                              |
| Guy line anchors removed? <u>Pass</u> CM _____   |  |
| CA _____   | CA Date _____                              |
| Guy line anchors marked? _____ CM _____  |  |
| CA _____   | CA Date _____                              |
| 1003b. Area no longer in use? <u>Pass</u> Production areas stabilized ? <u>Pass</u>  |  |
| 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? <u>Pass</u> |  |
| Production areas have been stabilized? <u>Pass</u>   | Segregated soils have been replaced? _____ |

**RESTORATION AND REVEGETATION**

Cropland

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

Inspector Name: JOHNSON, RANDELL

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_ F \_\_\_\_\_

Comment: \_\_\_\_\_

Overall Interim Reclamation Pass

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

S/U/V: Satisfactory \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT