

**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:

01/13/2014

Document Number:

674000284

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	336506	336506	Carlile, Craig	<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	(720) 929-6457	Paul.Avant@Anadarko.com	All Inspections

Compliance Summary:QtrQtr: SWSW Sec: 31 Twp: 3N Range: 66W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
288462	WELL	PR	10/17/2008	OW	123-24583	VONDERLAGE 13-31	PR	<input checked="" type="checkbox"/>
289162	WELL	AL	04/21/2008	LO	123-24752	VONDERLAGE 39-36	AL	<input checked="" type="checkbox"/>
296336	WELL	PR	10/11/2008	GW	123-26750	VONDERLAGE 39-36	PR	<input checked="" type="checkbox"/>
296337	WELL	PR	10/11/2008	GW	123-26751	VONDERLAGE 40-36	PR	<input checked="" type="checkbox"/>
296369	WELL	PR	06/08/2010	OW	123-26765	VONDERLAGE 22-31	PR	<input checked="" type="checkbox"/>
296950	WELL	PR	06/03/2011	GW	123-26964	SNELLA 38-36	PR	<input checked="" type="checkbox"/>
429754	WELL	PR	11/29/2013	LO	123-35892	VONDERLAGE 29N-W31HZ	PR	<input checked="" type="checkbox"/>
429756	WELL	PR	11/29/2013	LO	123-35894	VONDERLAGE 30N-31HZ	PR	<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: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>2</u>
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
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory	Set up for construction	Completion of Construction	04/30/2014

Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pig Station	5	Satisfactory			
Emission Control Device	4	Satisfactory			
Other	1	Satisfactory	Transformer		
Vertical Separator	1	Satisfactory			
Compressor	2	Satisfactory			
LACT	1	Satisfactory			
Other	1	Satisfactory	Portable Light Stand		
Horizontal Heated Separator	7	Satisfactory			
Plunger Lift	2	Satisfactory			
Gas Meter Run	2	Satisfactory			

Inspector Name: Carlile, Craig

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,
S/U/V:	Satisfactory		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 210 Bbl _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date	
Comment	Shared with Crude Oil Tank	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
OTHER	5	OTHER	STEEL AST	,
S/U/V:			Comment: Add Signage	
Corrective Action:			Corrective Date:	

Paint

Condition	
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Other (Content) _____

Other (Capacity) Estimate 500 Bbl _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action	Corrective Date	
Comment		

Inspector Name: Carlile, Craig

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	5	300 BBLS	STEEL AST	40.174370,-104.823590	
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			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 336506

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: 288462 Type: WELL API Number: 123-24583 Status: PR Insp. Status: PR

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: SI

Comment: _____

Facility ID: 289162 Type: WELL API Number: 123-24752 Status: AL Insp. Status: AL

Inspector Name: Carlile, Craig

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: **SI**
Comment: _____

Facility ID: 296336 Type: WELL API Number: 123-26750 Status: PR Insp. Status: PR

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: **SI**
Comment: _____

Facility ID: 296337 Type: WELL API Number: 123-26751 Status: PR Insp. Status: PR

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: **SI**
Comment: _____

Facility ID: 296369 Type: WELL API Number: 123-26765 Status: PR Insp. Status: PR

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 296950 Type: WELL API Number: 123-26964 Status: PR Insp. Status: PR

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: **SI**
Comment: _____

Facility ID: 429754 Type: WELL API Number: 123-35892 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 429756 Type: WELL API Number: 123-35894 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Environmental

Spills/Releases:

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

Inspector Name: Carlile, Craig

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: RANGELAND

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 REVEGETATION

Cropland

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

Inspector Name: Carlile, Craig

Non-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: **Construction underway at well heads and battery.**

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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: _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT