

**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:

06/10/2014

Document Number:

671101522

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	429368	429360	MONTOYA, JOHN	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 47120Name 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
Cocciolone, Ashley	720-929-6625	ashley.Cocciolone@anadarko.com	regulatory supervisor
Avant, Paul	720-929-6475	Paul.Avant@anadarko.com	regulatory

Compliance Summary:QtrQtr: NWNE Sec: 3 Twp: 2N Range: 65W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
429367	WELL	PR	01/29/2013	OW	123-35786	CANNON 36N-W3HZX	PR	<input checked="" type="checkbox"/>
429368	WELL	PR	01/30/2013	OG	123-35787	CANNON 15N-W3HZ	PR	<input checked="" type="checkbox"/>
429370	WELL	PR	03/14/2013	LO	123-35789	CANNON 36N-E3HZ	PR	<input checked="" type="checkbox"/>
429372	WELL	PR	03/11/2013	GW	123-35791	CANNON 14N-E3HZ	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>4</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>4</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/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			

Inspector Name: MONTOYA, JOHN

WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
IGNITOR/COMBUST OR	SATISFACTORY			
SEPARATOR	SATISFACTORY			
TANK BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	10	SATISFACTORY			
Horizontal Heated Separator	7	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY	CHEMICAL PUMPS		
LACT	1	SATISFACTORY			
Plunger Lift	4	SATISFACTORY			
Emission Control Device	3	SATISFACTORY			
Bird Protectors	10	SATISFACTORY			
VRU	3	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	1	500 BBLS	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	200 BBLS	PBV FIBERGLASS	,	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	7	300 BBLS	STEEL AST	39.956780,-104.571270

S/A/V:	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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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/Action Required	Comment	Corrective Action	CA Date
Ignitor/Combustor	SATISFACTORY			

Predrill

Location ID: 429368

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 429367 Type: WELL API Number: 123-35786 Status: PR Insp. Status: PR

Producing Well

Comment: pr

Facility ID: 429368 Type: WELL API Number: 123-35787 Status: PR Insp. Status: PR

Producing Well

Comment: pr

Facility ID: 429370 Type: WELL API Number: 123-35789 Status: PR Insp. Status: PR

Producing Well

Comment: pr

Facility ID: 429372 Type: WELL API Number: 123-35791 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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: DRY LAND

Comment:

1003a. Debris removed? Pass CM CA Date
 Waste Material Onsite? Pass CM CA Date
 Unused or unneeded equipment onsite? Pass CM CA Date
 Pit, cellars, rat holes and other bores closed? Pass CM CA Date
 Guy line anchors removed? Pass CM CA Date
 Guy line anchors marked? CM CA Date

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

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? _____ Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? P

Comment: ALL 4 WELLS ARE ON THE SAME PAD

Overall Interim Reclamation Pass

Date Final Reclamation Started: _____		Date Final Reclamation Completed: _____	
Final Land Use: <u>DRY LAND</u>			
Reminder: _____			
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
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: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			
Corrective Action: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>			Date _____
Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>	

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Culverts	Pass	Gravel	Pass			

Y _____

Comment: _____

CA: _____