

**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:

06/24/2014

Document Number:

674100950

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	293815	333268	Rickard, Jeffrey	<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
Avant, Paul		Paul.avant@anadarko.com	

Compliance Summary:QtrQtr: SESW Sec: 28 Twp: 6N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293814	WELL	PR	07/08/2008	OW	123-26627	POUDRE 11-28	FR	<input checked="" type="checkbox"/>
293815	WELL	PR	07/08/2008	OW	123-26628	POUDRE 10-28	FR	<input checked="" type="checkbox"/>
293816	WELL	PR	07/10/2008	OW	123-26629	POUDRE 19-28	FR	<input checked="" type="checkbox"/>
293818	WELL	PR	07/08/2008	OW	123-26631	POUDRE 14-28	FR	<input checked="" type="checkbox"/>
293837	WELL	PR	06/12/2008	OW	123-26633	POUDRE 36-28	FR	<input checked="" type="checkbox"/>
293880	WELL	PR	06/23/2008	OW	123-26630	POUDRE 15-28	FR	<input checked="" type="checkbox"/>
294040	WELL	PR	07/08/2008	OW	123-26680	POUDRE 25-28	FR	<input checked="" type="checkbox"/>
294041	WELL	PR	07/08/2008	OW	123-26679	POUDRE 23-28	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

Inspector Name: Rickard, Jeffrey

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	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
WELLHEAD	SATISFACTORY	Chain Link		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Prime Mover	2	SATISFACTORY	Electric		
Plunger Lift	7	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Emission Control Device	2	SATISFACTORY			
Compressor	1	SATISFACTORY			
Horizontal Heated Separator	4	SATISFACTORY			
Pump Jack	2	SATISFACTORY			

Inspector Name: Rickard, Jeffrey

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST	40.452940,-104.900280
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
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Comment

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
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Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	300 BBLS	STEEL AST	40.452940,-104.900280

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

Predrill

Location ID: 293815

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: 293814 Type: WELL API Number: 123-26627 Status: PR Insp. Status: FR

Producing Well

Comment: PR

BradenHead

Comment: Braden head expose to surface.

CA: _____

CA Date: _____

Facility ID: 293815 Type: WELL API Number: 123-26628 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Braden head exposed to surface**

CA:

CA Date:

Facility ID: 293816 Type: WELL API Number: 123-26629 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Braden head exposed to surface.**

CA:

CA Date:

Facility ID: 293818 Type: WELL API Number: 123-26631 Status: PR Insp. Status: FR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: **TA****BradenHead**Comment: **Braden head exposed at surface**

CA:

CA Date:

Facility ID: 293837 Type: WELL API Number: 123-26633 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Braden head exposed at surface.**

CA:

CA Date:

Facility ID: 293880 Type: WELL API Number: 123-26630 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Braden Head expose at surface**

CA:

CA Date:

Facility ID: 294040 Type: WELL API Number: 123-26680 Status: PR Insp. Status: FR

Producing WellComment: **PR**

BradenHeadComment: BRaden head expose at surface.CA: CA Date: Facility ID: 294041 Type: WELL API Number: 123-26679 Status: PR Insp. Status: FR**Producing Well**Comment: PR**BradenHead**Comment: Braden head exposed at surface.CA: CA Date: **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:**DWR Receipt Num: Owner Name: GPS : Lat Long **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? 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

Inspector Name: Rickard, Jeffrey

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 _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

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
Gravel	Pass					

Inspector Name: Rickard, Jeffrey

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT