

**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:

07/28/2014

Document Number:

668302082

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	435507	435510	JOHNSON, RANDELL	2A Doc Num: _____

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	O:720-929-6457, C:720-273-2688	paul.avant@anadarko.com	Rockies Regulatory Affairs
Kilcrease, Keith	970-506-5926	keith.kilcrease@anadarko.com	Production Superintendent

Compliance Summary:QtrQtr: SWSW Sec: 9 Twp: 1N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
435507	WELL	DG	02/09/2014	LO	123-38627	NRC 4N-4HZ	WK	<input checked="" type="checkbox"/>
435508	WELL	DG	02/08/2014	LO	123-38628	NRC 30C-4HZ	DG	<input type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>2</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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

Emergency Contact Number (S/A/V): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Inspector Name: JOHNSON, RANDELL

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS

S/A/V: _____ Comment: **Facilities under construction**

Corrective Action: _____ Corrective Date: _____

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 435507

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:**

BMP Type	Comment
Planning	The nearest building unit is located 1,950' away from this oil and gas location, therefore it is not within a Designated Setback Location and is exempt from 604.c.

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: 435507 Type: WELL API Number: 123-38627 Status: DG Insp. Status: WK

Workover

Comment: Cannon Rig #11 over hole running 4 1/2" production casing prior to frac. Schneider consultant Jeff Hammond company representative.

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: _____
<u>Water Well:</u>		
		Lat _____ Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____
<u>Field Parameters:</u>		
<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

<u>Interim Reclamation:</u>		
Date Interim Reclamation Started: _____		Date Interim Reclamation Completed: _____
Land Use: DRY LAND		
Comment: <input style="width:700px" type="text"/>		
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		
<u>Cropland</u>		
	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? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: DRY LAND _____

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	Pass	Other	Pass			Vegetation
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT