

**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:
09/25/2014Document Number:
674001575Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	275424	336220	Carlile, Craig	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
, Inspections		COGCCinspections@Anadarko.com	All Inspections
Avant, Paul	(720) 929-6457	Paul.Avant@Anadarko.com	All Inspections

Compliance Summary:QtrQtr: SENW Sec: 36 Twp: 3N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/26/2008	200129235	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
251524	WELL	PR	03/21/1997	GW	123-19327	STATE OF COLROADO BB UNIT 1	PR	<input checked="" type="checkbox"/>
275424	WELL	PR	02/06/2007	GW	123-22636	HAMLIN STATE 6-36	PR	<input checked="" type="checkbox"/>
416089	WELL	PR	12/12/2011	OW	123-31257	CARMA 3-36	PR	<input checked="" type="checkbox"/>
416117	WELL	PR	11/11/2011	OW	123-31282	CARMA 5-36	PR	<input checked="" type="checkbox"/>
416124	WELL	PR	12/12/2011	OW	123-31287	CARMA 12-36	PR	<input checked="" type="checkbox"/>
417663	WELL	PR	12/12/2011	OW	123-31710	CARMA 21-36	PR	<input checked="" type="checkbox"/>
417669	WELL	PR	12/13/2011	OW	123-31714	CARMA 32-36	PR	<input checked="" type="checkbox"/>
417671	WELL	PR	12/12/2011	OW	123-31716	CARMA 22-36	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Carlile, Craig

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>8</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>8</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: <u>8</u>

Location

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
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
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	Chainlink Barb Top		
TANK BATTERY	SATISFACTORY	Chainlink Barb Top		
WELLHEAD	SATISFACTORY	Chainlink Barb Top		
IGNITOR/COMBUST OR	SATISFACTORY	Chainlink Barb Top		

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 275424

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	caplank	Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required.	02/15/2010

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: 251524 Type: WELL API Number: 123-19327 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 275424 Type: WELL API Number: 123-22636 Status: PR Insp. Status: PR

Inspector Name: Carlile, Craig

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____
S/A/V: SATISFACTORY CA Date: _____
CA: Signage indicates well is in TA status due to horizontal activity.
Comment: _____

Facility ID: 416089 Type: WELL API Number: 123-31257 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 416117 Type: WELL API Number: 123-31282 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 416124 Type: WELL API Number: 123-31287 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 417663 Type: WELL API Number: 123-31710 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 417669 Type: WELL API Number: 123-31714 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 417671 Type: WELL API Number: 123-31716 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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Inspector Name: Carlile, Craig

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? _____ 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 _____

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 _____

Inspector Name: Carlile, Craig

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 <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: _____	Corrective Date: _____	
Comment: _____		
CA: _____		

Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT	
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COGCC Comments		
Comment	User	Date
Follow up inspection. Previous issue has been addressed.	carlilec	09/25/2014