

**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:
12/19/2014Document Number:
674001916Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	246840	327409	Carlile, Craig	<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	(720) 929-6457	Paul.Avant@Anadarko.com	All Inspections
, Inspections		COGCCinspections@Anadarko.com	All Inspections

Compliance Summary:QtrQtr: NWNE Sec: 29 Twp: 3N Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/18/2006	200088157	PR	PR	SATISFACTORY		Pass	No
01/15/1996	500171338	PR	PR			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
246840	WELL	PR	06/04/2003	GW	123-14637	MILLER UPRR 31-29 #3	PR	<input checked="" type="checkbox"/>
413270	WELL	PR	06/16/2010	OW	123-30632	MILLER 21-29	PR	<input checked="" type="checkbox"/>
413283	WELL	PR	06/17/2008	OW	123-30641	MILLER 26-29	PR	<input checked="" type="checkbox"/>
429588	WELL	PR	03/23/2013	GW	123-35842	RAYMOND 38N-29HZX	PR	<input checked="" type="checkbox"/>
429589	WELL	PR	03/16/2013	GW	123-35843	RAYMOND 36N-29HZ	PR	<input checked="" type="checkbox"/>
429590	WELL	PR	03/23/2013	GW	123-35844	RAYMOND 15C-29HZ	PR	<input checked="" type="checkbox"/>
429592	WELL	PR	04/01/2013	GW	123-35845	RAYMOND 37N-29HZ	PR	<input checked="" type="checkbox"/>
429594	WELL	PR	03/23/2013	GW	123-35846	RAYMOND 15N-29HZ	PR	<input checked="" type="checkbox"/>
429595	WELL	PR	03/23/2013	GW	123-35847	RAYMOND 16N-29HZ	PR	<input checked="" type="checkbox"/>

Inspector Name: Carlile, Craig

429596	WELL	PR	03/19/2013	OW	123-35848	RAYMOND 38C-29HZ	PR	<input checked="" type="checkbox"/>
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Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>10</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>5</u>	Separators: <u>10</u>	Electric Motors: <u>77</u>
Gas or Diesel Mortors: <u>4</u>	Cavity Pumps: _____	LACT Unit: <u>1</u>	Pump Jacks: _____
Electric Generators: <u>3</u>	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: <u>1</u>	VOC Combustor: <u>7</u>	Oil Tanks: <u>38</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>9</u>	Fuel Tanks: <u>3</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: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	Unused 500 Bbl portable tank at 7 well pad.	Remove unused equipment.	01/31/2015

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	Barb Wire		
TANK BATTERY	SATISFACTORY	Barb Wire		
WELLHEAD	SATISFACTORY	Pipe		
IGNITOR/COMBUSTOR	SATISFACTORY	Barb Wire		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	4	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Gas Meter Run	4	SATISFACTORY			

Inspector Name: Carlile, Craig

Plunger Lift	7	SATISFACTORY		
Compressor	4	SATISFACTORY	2 Gas, 2 Electrical	
Horizontal Heated Separator	7	SATISFACTORY		
LACT	1	SATISFACTORY		
Bird Protectors	11	SATISFACTORY		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	,

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

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action		Corrective Date		
Comment	Shared with 300 Bbl crude oil tanks.			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER		,

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

Paint

Condition	
Other (Content)	
Other (Capacity)	210 Bbl
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action		Corrective Date		
Comment				

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	7	300 BBLS	STEEL AST	40.201580,-104.798980

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

Inspector Name: Carlile, Craig

Paint

Condition

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/Action Required

Comment

Corrective Action

CA Date

Predrill

Location ID: 246840

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: 246840 Type: WELL API Number: 123-14637 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Plumbed to surface.

CA: _____

CA Date: _____

Facility ID: 413270 Type: WELL API Number: 123-30632 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Plumbed to surface.**

CA:

CA Date:

Facility ID: 413283 Type: WELL API Number: 123-30641 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Plumbed to surface.**

CA:

CA Date:

Facility ID: 429588 Type: WELL API Number: 123-35842 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Plumbed to surface.**

CA:

CA Date:

Facility ID: 429589 Type: WELL API Number: 123-35843 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Plumbed to surface.**

CA:

CA Date:

Facility ID: 429590 Type: WELL API Number: 123-35844 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Plumbed to surface.**

CA:

CA Date:

Facility ID: 429592 Type: WELL API Number: 123-35845 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**

Inspector Name: Carlile, Craig

BradenHead

Comment: Plumbed to surface.

CA:

CA Date:

Facility ID: 429594 Type: WELL API Number: 123-35846 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Plumbed to surface.

CA:

CA Date:

Facility ID: 429595 Type: WELL API Number: 123-35847 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Plumbed to surface.

CA:

CA Date:

Facility ID: 429596 Type: WELL API Number: 123-35848 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Plumbed to 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): Y

Comment:

Inspector Name: Carlile, Craig

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: DRY LAND, RANGELAND

Comment: _____

1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? Pass 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 ? Pass

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, RANGELAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Inspector Name: Carlile, Craig

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:	<input type="text"/>		
Corrective Action:	<input type="text"/>	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
		Gravel	Pass			
Mulching	Pass					

S/A/V: SATISFACTOR Y
Corrective Date: _____

Comment:
CA:

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Follow up from previous drilling inspection. Previous issues have been addressed. Unused tank at 7 well pad needs to be removed from the location.	carlilec	12/19/2014