

**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:
04/21/2015Document Number:
670900653Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	416377	302913	Peterson, Tom	<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
		cogccinspections@anadarko.com	All inspections
Avant, Paul	(720) 929-6457	paul.avant@anadarko.com	All inspections
Reddy, Luke		luke.reddy@anadarko.com	All inspections

Compliance Summary:QtrQtr: NWSW Sec: 3 Twp: 1N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/17/2015	670900621	PR	PR	ACTION REQUIRED			No
12/09/2010	200291744	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159255	UIC DISPOSAL	AC	10/07/2009		-	KMG 19-3i	AC	<input type="checkbox"/>
301377	WELL	PR	10/10/2014	DSPW	123-30012	KERR-MCGEE 19-3i	PR	<input type="checkbox"/>
416335	WELL	PA	01/17/2013	OW	123-31342	KERR-MCGEE 10-3	PA	<input type="checkbox"/>
416373	WELL	PR	12/15/2010	GW	123-31352	KERR-MCGEE 19-3	PR	<input checked="" type="checkbox"/>
416377	WELL	PR	12/15/2010	OW	123-31354	KERR-MCGEE 11-3	PR	<input checked="" type="checkbox"/>
416380	WELL	PR	12/14/2010	OW	123-31355	KERR-MCGEE 35-3	PR	<input checked="" type="checkbox"/>
416397	WELL	PR	12/14/2010	OW	123-31360	KERR-MCGEE 33-3	PR	<input checked="" type="checkbox"/>
416406	WELL	PR	12/15/2010	GW	123-31363	KERR-MCGEE 22-3	PR	<input checked="" type="checkbox"/>

Inspector Name: Peterson, Tom

416415	WELL	PR	12/14/2010	OW	123-31365	KERR-MCGEE 12-3	SI	<input checked="" type="checkbox"/>
416416	WELL	PR	12/14/2010	GW	123-31366	KERR-MCGEE 15-3	PR	<input checked="" type="checkbox"/>
416417	WELL	PR	12/10/2010	OW	123-31367	KERR-MCGEE 23-3	PR	<input checked="" type="checkbox"/>
416423	WELL	PR	12/14/2010	GW	123-31369	KERR-MCGEE 13-3	SI	<input checked="" type="checkbox"/>
416549	WELL	PR	12/14/2010	GW	123-31406	KERR-MCGEE 14-3	PR	<input checked="" type="checkbox"/>
440326	SPILL OR RELEASE	CL	11/14/2014		-	SPILL/RELEASE POINT	CL	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>12</u>	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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	x 10		
BATTERY	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
WELLHEAD	SATISFACTORY	Panel		

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL		300 BBLS	STEEL AST	,
S/A/V: SATISFACTORY	Comment: Item noted in prior inspection document #670900621 has been corrected.			
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Inspector Name: Peterson, Tom

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

Inspector Name: Peterson, Tom

Predrill

Location ID: 416377

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: 416373 Type: WELL API Number: 123-31352 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Facility ID: 416377 Type: WELL API Number: 123-31354 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 416380 Type: WELL API Number: 123-31355 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 416397 Type: WELL API Number: 123-31360 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 416406 Type: WELL API Number: 123-31363 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 416415 Type: WELL API Number: 123-31365 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA:

Comment: **Well is currently SI, locked and tagged out.****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 416416 Type: WELL API Number: 123-31366 Status: PR Insp. Status: PR

Producing WellComment: **PR**

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416417 Type: WELL API Number: 123-31367 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416423 Type: WELL API Number: 123-31369 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: Well is currently SI, locked and tagged out.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416549 Type: WELL API Number: 123-31406 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is 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:

Inspector Name: Peterson, Tom

Sample Location: _____

Emission Control Burner (ECB): Y

Comment: _____

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

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? Pass CM _____
CA _____ CA Date _____
Guy line anchors removed? Pass 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

Inspector Name: Peterson, Tom

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

Gravel

Pass

S/A/V: SATISFACTOR

Corrective Date:

Y

Comment:

CA:

Pits:

☒ NO SURFACE INDICATION OF PIT