

**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:
04/27/2015Document Number:
674102255Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	301211	335994	Rickard, Jeff	<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	Anadarko Inspections
, General		COGCCinspections@Anadarko.com	All Inspections, send to Paul Avant as well
Kulmann, Dave		dave.kulmann@state.co.us	
Reddy, Luke		luke.reddy@anadarko.com	All inspections

Compliance Summary:QtrQtr: NENW Sec: 19 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)
10/11/2012	667600882	PR	PR	ACTION REQUIRED	P		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
301196	WELL	PR	02/02/2010	OW	123-29919	COMMONS 3-19	WK	<input checked="" type="checkbox"/>
301198	WELL	PR	02/02/2010	OW	123-29920	COMMONS 21-19	WK	<input checked="" type="checkbox"/>
301208	WELL	PR	01/17/2010	OW	123-29921	COMMONS 28-19	WK	<input checked="" type="checkbox"/>
301210	WELL	PR	02/24/2010	OW	123-29922	COMMONS 6-19	WK	<input checked="" type="checkbox"/>
301211	WELL	PR	11/17/2011	OW	123-29923	COMMONS 5-19	WK	<input checked="" type="checkbox"/>
301212	WELL	PR	02/25/2010	OW	123-29924	COMMONS 18-19	WK	<input checked="" type="checkbox"/>
301213	WELL	PR	01/29/2010	OW	123-29925	COMMONS 4-19	WK	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: Rickard, Jeff

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Venting:

Yes/No	Comment
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Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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Predrill

Location ID: 301211

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: 301196 Type: WELL API Number: 123-29919 Status: PR Insp. Status: WK

Complaint

Comment: Complaint DOC# 200430282. Area resident reported and odor coming the workover rig on location on 4/23/15. OGCC staff received the complaint on 4/24/15, OGCC staff were on location on the afternoon of 4/24 to investigate the odor. OGCC staff was not able to detect any odor on location. OGCC staff did observe a skim layer of oil in the workover tanks and asked Anadarko to remove the skim from the tanks to which Anadarko did remove the skim on the afternoon of 4/24/15. OGCC staff returned to the location on 4/27/15 to observe workover operations and no odors were detected. Workover rig was operating in compliance with COGCC rules. 18A DOC#200430347.

BradenHead**Comment:** Braden head is exposed at surface.**CA:** _____**CA Date:** _____

WorkoverComment: **Workover**Facility ID: 301198 Type: WELL API Number: 123-29920 Status: PR Insp. Status: WK**BradenHead**Comment: **Braden head is exposed at surface.**CA: CA Date: **Workover**Comment: **Workover**Facility ID: 301208 Type: WELL API Number: 123-29921 Status: PR Insp. Status: WK**BradenHead**Comment: **Braden head is exposed at surface.**CA: CA Date: **Workover**Comment: **Workover**Facility ID: 301210 Type: WELL API Number: 123-29922 Status: PR Insp. Status: WK**BradenHead**Comment: **Braden head is exposed at surface.**CA: CA Date: **Workover**Comment: **Workover**Facility ID: 301211 Type: WELL API Number: 123-29923 Status: PR Insp. Status: WK**BradenHead**Comment: **Braden head is exposed at surface.**CA: CA Date: **Workover**Comment: **Workover**Facility ID: 301212 Type: WELL API Number: 123-29924 Status: PR Insp. Status: WK**BradenHead**Comment: **Braden head is exposed at surface.**CA: CA Date: **Workover**Comment: **Workover**Facility ID: 301213 Type: WELL API Number: 123-29925 Status: PR Insp. Status: WK

BradenHead

Comment: Braden head is exposed at surface.

CA: _____

CA Date: _____

Workover

Comment: Workover

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: _____

Pilot: OFF _____ Wildlife Protection Devices (fired vessels): YES _____

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 _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

Inspector Name: Rickard, Jeff

- 1003b. Area no longer in use? Pass 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: _____

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					

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT