

**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

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Inspection Date:

08/27/2015

Document Number:

673802471

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	311447	311447	Gomez, Jason	<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
, Reddy		luke.reddy@anadarko.com	
, General		COGCCinspections@Anadarko.com	All Inspections, send to Paul Avant as well
Anadarko, KerrMcGee		cogccinspections@anadarko.com	Kerr McGee

Compliance Summary:QtrQtr: NWSW Sec: 35 Twp: 1N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
262334	WELL	PR	12/13/2011	GW	123-20746	RULE 12-35A	PR	<input checked="" type="checkbox"/>
415210	WELL	PR	06/07/2011	OW	123-31010	DRY CREEK 23-35	PR	<input checked="" type="checkbox"/>
415232	WELL	PR	06/07/2011	OW	123-31018	DRY CREEK 35-35	PR	<input checked="" type="checkbox"/>
415233	WELL	PR	06/07/2011	OW	123-31019	DRY CREEK 11-35	PR	<input checked="" type="checkbox"/>
415246	WELL	PR	06/07/2011	OW	123-31022	DRY CREEK 14-35	PR	<input checked="" type="checkbox"/>
415247	WELL	PR	04/28/2011	OW	123-31023	DRY CREEK 13-35	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Gomez, Jason

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>6</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>6</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>6</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	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		
OTHER	SATISFACTORY	ECD/Panel		
WELLHEAD	SATISFACTORY	Panel		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Emission Control Device	1	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
VRU	1	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			
VRU	1	SATISFACTORY			

Inspector Name: Gomez, Jason

Plunger Lift	5	SATISFACTORY			
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	40.005360,-104.865940

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

Condition	Adequate
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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	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	300 BBLS	STEEL AST	40.005360,-104.865940

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

Condition	Adequate
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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	
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Comment	
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Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Inspector Name: Gomez, Jason

Predrill

Location ID: 311447

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: 262334 Type: WELL API Number: 123-20746 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Pressure Mointored

CA: _____

CA Date: _____

Facility ID: 415210 Type: WELL API Number: 123-31010 Status: PR Insp. Status: PR

Inspector Name: Gomez, Jason

Producing Well

Comment: **PR**

BradenHead

Comment: **Pressure Monitored**

CA:

CA Date:

Facility ID: 415232 Type: WELL API Number: 123-31018 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Pressure Monitored**

CA:

CA Date:

Facility ID: 415233 Type: WELL API Number: 123-31019 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Pressure Monitored**

CA:

CA Date:

Facility ID: 415246 Type: WELL API Number: 123-31022 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Pressure Monitored**

CA:

CA Date:

Facility ID: 415247 Type: WELL API Number: 123-31023 Status: PR Insp. Status: PR

Idle Well

Purpose: ☐ Shut In

☒ Temporarily Abandoned

Reminder: _____

S/A/V: _____

CA Date: _____

CA: **Disconnected not operational**

Comment:

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: Gomez, Jason

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: 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? _____ 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? 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? Pass _____ Segregated soils have been replaced? Pass _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass _____ Recontoured Pass _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Inspector Name: Gomez, Jason

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
Gravel	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date:

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT