

**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:
09/22/2015Document Number:
680700641Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	287000	332793	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
Reddy, Luke		luke.reddy@anadarko.com	All inspections
Avant, Paul	(720) 929-6457	paul.avant@anadarko.com	All inspections

Compliance Summary:QtrQtr: SWNW Sec: 19 Twp: 4N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/16/2010	200271576	PR	PR	SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
250594	WELL	AL	06/14/1995	LO	123-18397	HSR-NYGREN 5-19	AL	<input type="checkbox"/>
287000	WELL	PR	09/03/2009	OW	123-27340	NYGREN 5-19	SI	<input checked="" type="checkbox"/>
287021	WELL	PR	08/31/2009	OW	123-27364	NYGREN 22-19	SI	<input checked="" type="checkbox"/>
299334	WELL	PR	08/24/2009	OW	123-29326	NYGREN 19-19	SI	<input checked="" type="checkbox"/>
299335	WELL	PR	09/30/2009	OW	123-29327	NYGREN 32-19	SI	<input checked="" type="checkbox"/>
299336	WELL	PR	09/19/2009	OW	123-29328	NYGREN 33-19	SI	<input checked="" type="checkbox"/>
299337	WELL	PR	09/27/2009	OW	123-29329	NYGREN 23-19	SI	<input checked="" type="checkbox"/>
299338	WELL	PR	09/18/2009	OW	123-29330	NYGREN 21-19	SI	<input checked="" type="checkbox"/>
299339	WELL	PR	09/13/2009	OW	123-29331	NYGREN 25-19	SI	<input checked="" type="checkbox"/>

Inspector Name: Peterson, Tom

299340	WELL	PR	08/26/2009	OW	123-29332	NYGREN 18-19	SI	<input checked="" type="checkbox"/>
299341	WELL	PR	03/24/2010	OW	123-29333	NYGREN 6-19	SI	<input checked="" type="checkbox"/>
299342	WELL	PR	08/26/2009	OW	123-29334	NYGREN 31-19	SI	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY	x 11		

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
IGNITOR/COMBUST OR	SATISFACTORY	Panel x 2		
OTHER	SATISFACTORY	Electric service disconnect x 2		
WELLHEAD	SATISFACTORY	Panel		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	11	SATISFACTORY			
Emission Control Device	2	SATISFACTORY			
Bird Protectors	5	SATISFACTORY			
Gas Meter Run	7	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Automation array		

Inspector Name: Peterson, Tom

Pig Station	1	SATISFACTORY			
Horizontal Heated Separator	3	SATISFACTORY	Dual unit separators		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER	FIBERGLASS AST	,

S/A/V:	SATISFACTORY	Comment:	210 bbls
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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	6	300 BBLS	STEEL AST	,

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: Peterson, Tom

Predrill

Location ID: 287000

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: 287000 Type: WELL API Number: 123-27340 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Facility ID: 287021 Type: WELL API Number: 123-27364 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299334 Type: WELL API Number: 123-29326 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299335 Type: WELL API Number: 123-29327 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299336 Type: WELL API Number: 123-29328 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299337 Type: WELL API Number: 123-29329 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299338 Type: WELL API Number: 123-29330 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299339 Type: WELL API Number: 123-29331 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299340 Type: WELL API Number: 123-29332 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299341 Type: WELL API Number: 123-29333 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 299342 Type: WELL API Number: 123-29334 Status: PR Insp. Status: SI

Producing Well

Comment: Well is currently SI for HZ safety prep.

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:

Inspector Name: Peterson, Tom

Water Well:

Lat

Long

DWR Receipt Num:

Owner Name:

GPS :

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y

Comment: **Wells are currently SI for HZ safety prep.**

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? 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 _____

Inspector Name: Peterson, Tom

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	Gravel	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT