

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:
12/23/2015

Document Number:
673802760

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	242241	336168	Gomez, Jason	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>47120</u>
Name of Operator:	<u>KERR MCGEE OIL & GAS ONSHORE LP</u>
Address:	<u>P O BOX 173779</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80217-</u>

- 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

Compliance Summary:

QtrQtr: SENW Sec: 27 Twp: 3n Range: 68w

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/28/2011	200300520	SR	PR	SATISFACTORY	I		No
08/04/2009	200229017	PR	PR	SATISFACTORY			No
11/09/2006	200101264	PR	PR	ACTION REQUIRED		Fail	Yes
06/20/2005	200073577	BH	PR	SATISFACTORY		Pass	No
03/30/2005	200068873	PR	PR	SATISFACTORY		Pass	No
01/22/1996	500165072	PR	PR			Pass	No
06/15/1995	500165071	BH	PR			Pass	No

Inspector Comment:

According to COGCC Document # 400634184 well was P&A per COGCC rules Lease is multi well pad on location

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
242241	WELL	PR	01/31/2012	OW	123-10032	VALLEY 66 UNIT 2	PA	<input checked="" type="checkbox"/>
275037	WELL	PR	08/16/2012	GW	123-25617	KITELEY 5-27	PR	<input checked="" type="checkbox"/>
296193	WELL	AL	07/03/2008	LO	123-26994	KITELEY 6-27	AL	<input checked="" type="checkbox"/>
298117	WELL	PR	08/04/2009	OW	123-28184	KITELEY 4-27	PR	<input checked="" type="checkbox"/>
298118	WELL	PR	07/07/2009	OW	123-28180	KITELEY 6-27	PR	<input checked="" type="checkbox"/>
298128	WELL	PR	05/05/2010	OW	123-28187	KITELEY 3-27	PR	<input checked="" type="checkbox"/>

298817	WELL	PR	03/01/2015	OW	123-29153	KITELEY 31-27	PR	<input checked="" type="checkbox"/>
298818	WELL	PR	07/07/2009	OW	123-29154	KITELEY 22-27	PR	<input checked="" type="checkbox"/>
298820	WELL	PR	08/05/2009	OW	123-29155	KITELEY 21-27	PR	<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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date

Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	7 6' chain link fences		
TANK BATTERY	SATISFACTORY	6' chain link		
SEPARATOR	SATISFACTORY	6' chain link		

Equipment:			
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Methonal pump with containment		
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:	210 BBL			Corrective Date:

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
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	OTHER	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:	315 BBL			Corrective Date:

Inspector Name: Gomez, Jason

Paint					
Condition	Adequate				
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	NO
Comment	_____

Flaring:				
Type	_____	Satisfactory/Action Required	_____	
Comment:	_____			
Corrective Action:	_____		Correct Action Date:	_____

Predrill

Location ID: 242241

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 242241 Type: WELL API Number: 123-10032 Status: PR Insp. Status: PA

Facility ID: 275037 Type: WELL API Number: 123-25617 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 296193 Type: WELL API Number: 123-26994 Status: AL Insp. Status: AL

Facility ID: 298117 Type: WELL API Number: 123-28184 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 298118 Type: WELL API Number: 123-28180 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298128 Type: WELL API Number: 123-28187 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298817 Type: WELL API Number: 123-29153 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298818 Type: WELL API Number: 123-29154 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 298820 Type: WELL API Number: 123-29155 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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: ON 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 _____

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: _____
 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: _____

Inspector Name: Gomez, Jason

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