

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



Inspection Date:
01/13/2016
Document Number:
673802842
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	333042	333042	Gomez, Jason	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 47120
Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP
Address: P O BOX 173779
City: 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

Compliance Summary:

QtrQtr: SENW Sec: 5 Twp: 5N Range: 67W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
289571	WELL	PR	08/17/2007	OW	123-24886	FRANK 5-5	PR	<input checked="" type="checkbox"/>
289573	WELL	PR	08/16/2007	OW	123-24884	FRANK 18-5	PR	<input checked="" type="checkbox"/>
289574	WELL	PR	03/21/2008	OW	123-24883	FRANK 6-5	PR	<input checked="" type="checkbox"/>
298573	WELL	PR	03/26/2009	OW	123-29103	FRANK 11-5	PR	<input checked="" type="checkbox"/>
298574	WELL	PR	04/12/2010	OW	123-29104	FRANK 22-5	PR	<input checked="" type="checkbox"/>
300104	WELL	PR	04/08/2010	OW	123-29626	FRANK 3-5	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			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): 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
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Panel	SATISFACTORY	6 well head fences		
Other	SATISFACTORY	Wire / Seperator		

Equipment:				
Type: Gas Meter Run	# 5	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 4	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Plunger Lift	# 6	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:

Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY	
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 5	Satisfactory/Action Required: SATISFACTORY	
Comment			
Corrective Action			Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	PBV FIBERGLASS	40.429110,-104.916000
S/AR	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

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				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	OTHER	STEEL AST	40.429110,-104.916000
S/AR	SATISFACTORY		Comment: 319 BBL	
Corrective Action:			Corrective Date:	

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: 333042

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: 289571 Type: WELL API Number: 123-24886 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Exposed**

CA:

CA Date:

Facility ID: 289573 Type: WELL API Number: 123-24884 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Exposed**

CA:

CA Date:

Facility ID: 289574 Type: WELL API Number: 123-24883 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Exposed**

CA:

CA Date:

Facility ID: 298573 Type: WELL API Number: 123-29103 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Exposed**

CA:

CA Date:

Facility ID: 298574 Type: WELL API Number: 123-29104 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Exposed**

CA:

CA Date:

Facility ID: 300104 Type: WELL API Number: 123-29626 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **Exposed**

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:

Lat _____ Long _____
DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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. Waste and Debris removed? 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 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? _____

Inspector Name: Gomez, Jason

Production areas have been stabilized? Pass

Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass

Recontoured Pass

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