

**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:

02/09/2016

Document Number:

681900586

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	424617	424609	HELGELAND, GARY	<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		luke.reddy@anadarko.com	All inspections
,		COGCCinspections@anadarko.com	All Inspections

Compliance Summary:QtrQtr: NWNW Sec: 13 Twp: 1N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
424604	WELL	PR	05/03/2012	OW	123-34102	RIVERBEND 3-13	PR	<input checked="" type="checkbox"/>
424605	WELL	PR	05/03/2012	OW	123-34103	RIVERBEND 5-13	PR	<input checked="" type="checkbox"/>
424606	WELL	PR	05/03/2012	OW	123-34104	RIVERBEND 7-14	PR	<input checked="" type="checkbox"/>
424610	WELL	PR	05/03/2012	OW	123-34106	RIVERBEND 31-13	PR	<input checked="" type="checkbox"/>
424611	WELL	PR	05/03/2012	OW	123-34107	RIVERBEND 4-13	PR	<input checked="" type="checkbox"/>
424612	WELL	PR	07/12/2012	OW	123-34108	RIVERBEND 14-12	PR	<input checked="" type="checkbox"/>
424613	WELL	PR	07/12/2012	OW	123-34109	RIVERBEND 32-13	PR	<input checked="" type="checkbox"/>
424614	WELL	DA	02/01/2012	DA	123-34110	RIVERBEND 27-14	DA	<input type="checkbox"/>
424615	WELL	PR	07/12/2012	OW	123-34111	RIVERBEND 26-14	PR	<input checked="" type="checkbox"/>
424617	WELL	PR	05/03/2012	OW	123-34112	RIVERBEND 35-12	PR	<input checked="" type="checkbox"/>
424620	WELL	PR	09/13/2012	OW	123-34114	RIVERBEND 8-14	PR	<input checked="" type="checkbox"/>

Inspector Name: HELGELAND, GARY

424621	WELL	PR	05/03/2012	OW	123-34115	RIVERBEND 36-12	PR	<input checked="" type="checkbox"/>
424622	WELL	PR	07/12/2012	OW	123-34116	RIVERBEND 2-14	PR	<input checked="" type="checkbox"/>
424624	WELL	PR	07/12/2012	OW	123-34117	RIVERBEND 22-13	PR	<input checked="" type="checkbox"/>
427283	WELL	PR	05/03/2012	OW	123-34932	RIVERBEND 27-14R	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>14</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>14</u>	Electric Motors: _____
Gas or Diesel Motors: _____	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>14</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

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

☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Pipe and rod fencing		

Equipment:

Type: Gas Meter Run	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		

Corrective Action		Date:	
Type: Horizontal Heated Separator	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 4	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	2	OTHER	PBV FIBERGLASS	,

S/AR	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) 210 BBL _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

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	12	OTHER	STEEL AST	40.055720,-104.847990

S/AR	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) 315 BBL _____

Other (Type) _____

Berms

Inspector Name: HELGELAND, GARY

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: 424617

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: 424604 Type: WELL API Number: 123-34102 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA: _____

CA Date: _____

Facility ID: 424605 Type: WELL API Number: 123-34103 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424606 Type: WELL API Number: 123-34104 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424610 Type: WELL API Number: 123-34106 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424611 Type: WELL API Number: 123-34107 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424612 Type: WELL API Number: 123-34108 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424613 Type: WELL API Number: 123-34109 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424615 Type: WELL API Number: 123-34111 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424617 Type: WELL API Number: 123-34112 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424620 Type: WELL API Number: 123-34114 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424621 Type: WELL API Number: 123-34115 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424622 Type: WELL API Number: 123-34116 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 424624 Type: WELL API Number: 123-34117 Status: PR Insp. Status: PR

Producing WellComment: **PR**

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 427283 Type: WELL API Number: 123-34932 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to 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:

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: IRRIGATED

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? Pass

CM _____

CA _____ CA Date _____

Guy line anchors marked? _____

CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ 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? _____

RESTORATION AND REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: Location snow covered.Overall Interim Reclamation In Process**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED

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			

Inspector Name: HELGELAND, GARY

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT