

**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:

06/08/2016

Document Number:

674003890

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	250998	336616	Carlile, Craig	<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
Avant, Paul	(720) 929-6457	Paul.Avant@Anadarko.com	All Inspections
, Reddy		luke.reddy@anadarko.com	
, Inspections		COGCCinspections@Anadarko.com	All Inspections

Compliance Summary:QtrQtr: NWNW Sec: 8 Twp: 3N Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/05/2015	674003049	PR	PR	ACTION REQUIRED			No
02/15/2013	667601143	PR	PR	SATISFACTORY	P		No
04/18/2007	200110677	BH	PR	SATISFACTORY		Pass	No
03/11/2002	200024837	PR	PR	SATISFACTORY		Pass	No
06/06/1997	500178195	PR	PR				
12/30/1994	500178194	DG	DG			Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
250998	WELL	PR	12/11/2013	GW	123-18801	HSR-TUTTLE 4-8	PR	<input checked="" type="checkbox"/>
289096	WELL	PR	04/04/2010	GW	123-24739	BELLA FEDERAL 41-7	PR	<input checked="" type="checkbox"/>
414523	WELL	PR	04/06/2010	GW	123-30774	BELLA 21-8	PR	<input checked="" type="checkbox"/>
414540	WELL	PR	04/05/2010	OW	123-30780	BELLA 22-8	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Carlile, Craig

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>4</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>4</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: <u>1</u>	VOC Combustor: <u>1</u>	Oil Tanks: <u>4</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: <u>3</u>

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Emergency Contact Number (S/AR): _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	ACTION REQUIRED	Weeds at well head. Photo attached.	Maintenance.	07/08/2016

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		

Equipment:

Type: Plunger Lift	# 4	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: _____ Corrective Date: _____

Paint

Condition	
Other (Content)	

Inspector Name: Carlile, Craig

Other (Capacity) 210 Bbl

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	Shared with crude oil tanks.
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	300 BBLS	STEEL AST	40.244100,-104.806910

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)

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	
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Comment	
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Flaring:

Type	Ignitor/Combustor	Satisfactory/Action Required	SATISFACTORY
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Comment:	
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Corrective Action:		Correct Action Date:	
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Predrill

Location ID: 250998

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: 250998 Type: WELL API Number: 123-18801 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface.

CA: _____

CA Date: _____

Facility ID: 289096 Type: WELL API Number: 123-24739 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Inspector Name: Carlile, Craig

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 414523 Type: WELL API Number: 123-30774 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 414540 Type: WELL API Number: 123-30780 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed 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:

Inspector Name: Carlile, Craig

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? _____ 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? _____

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: 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: _____

Inspector Name: Carlile, Craig

Corrective Action: <input style="width: 600px;" type="text"/>				Date <input style="width: 100px;" type="text"/>		
Overall Final Reclamation <input style="width: 150px;" type="text"/>		Well Release on Active Location <input style="width: 50px;" type="checkbox"/>		Multi-Well Location <input style="width: 50px;" type="checkbox"/>		
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 <input style="width: 100px;" type="text"/>		Corrective Date: <input style="width: 150px;" type="text"/>				
Comment: <input style="width: 900px;" type="text"/>						
CA: <input style="width: 900px;" type="text"/>						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						
COGCC Comments						
Comment					User	Date
Action required. Weed control at well heads.					carlilec	06/08/2016
Attached Documents						
You can go to COGCC Images (https://cogcc.state.co.us/weblink/) and search by document number:						
Document Num	Description	URL				
674003891	Weeds at wellhead.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874208				