

**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 | |
|-------------------|--|-----------------|--|

| | |
|---------|------------------------------|
| Comment | Shared with crude oil tanks. |
|---------|------------------------------|

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: | |
|------|--------------|----------|--|

| | | | |
|--------------------|--|------------------|--|
| 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 | |
|--------|--|

| | |
|---------|--|
| Comment | |
|---------|--|

Flaring:

| | | | |
|------|-------------------|------------------------------|--------------|
| Type | Ignitor/Combustor | Satisfactory/Action Required | SATISFACTORY |
|------|-------------------|------------------------------|--------------|

| | |
|----------|--|
| Comment: | |
|----------|--|

| | | | |
|--------------------|--|----------------------|--|
| Corrective Action: | | Correct Action Date: | |
|--------------------|--|----------------------|--|

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 |
| 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 | | | |
| 674003890 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874219 | | | |
| 674003891 | Weeds at wellhead. | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874208 | | | |