

**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:

673901969

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 422047 | 422040 | MONTOYA, JOHN | <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 |
| Avant, Paul | 720-929-6475 | Paul.Avant@anadarko.com | regulatory |
| , | | COGCCinspections@anadarko.com | All Inspections |

Compliance Summary:QtrQtr: NWSE Sec: 32 Twp: 2N Range: 66W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|-------------------------------------|
| 422032 | WELL | PR | 12/04/2012 | OW | 123-33136 | CARTER 15-32SX | PR | <input checked="" type="checkbox"/> |
| 422034 | WELL | PR | 11/11/2011 | GW | 123-33138 | CARTER 9-32 | PR | <input checked="" type="checkbox"/> |
| 422035 | WELL | PR | 10/20/2011 | OW | 123-33139 | CARTER 16-32 | PR | <input checked="" type="checkbox"/> |
| 422036 | WELL | PR | 12/04/2012 | OW | 123-33140 | CARTER 9-32SX | PR | <input checked="" type="checkbox"/> |
| 422038 | WELL | PR | 02/24/2016 | OG | 123-33141 | CARTER 10-32 | PR | <input checked="" type="checkbox"/> |
| 422039 | WELL | PR | 06/05/2012 | OW | 123-33142 | CARTER 15-32 | PR | <input checked="" type="checkbox"/> |
| 422042 | WELL | PR | 11/11/2011 | GW | 123-33143 | CARTER 36-32 | PR | <input checked="" type="checkbox"/> |
| 422043 | WELL | PR | 10/20/2011 | OW | 123-33144 | CARTER 37-32 | PR | <input checked="" type="checkbox"/> |
| 422045 | WELL | PR | 02/12/2013 | OW | 123-33145 | CARTER 16-32SX | PR | <input checked="" type="checkbox"/> |
| 422047 | WELL | PR | 12/02/2011 | GW | 123-33147 | CARTER 23-32 | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: MONTOYA, JOHN

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>10</u> | 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 |
| Main | SATISFACTORY | | | |

| | | | | |
|----------------------|------------------------------|---------|-------------------|---------|
| Signs/Marker: | | | | |
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| 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 |
| WELLHEAD | SATISFACTORY | ELCAR FENCESE CORNERN40.05662 W-104.47823 | | |

| | | | | |
|--------------------|-----|--|--|-------|
| Equipment: | | | | |
| Type: Plunger Lift | # 6 | Satisfactory/Action Required: SATISFACTORY | | |
| Comment | | | | |
| Corrective Action | | | | Date: |
| Type: Pump Jack | # 4 | Satisfactory/Action Required: SATISFACTORY | | |
| Comment | | | | |
| Corrective Action | | | | Date: |

| | |
|-----------------|--|
| Venting: | |
| Yes/No | |
| Comment | |

| |
|-----------------|
| Flaring: |
|-----------------|

| | | |
|--------------------|------------------------------|----------------------|
| Type | Satisfactory/Action Required | |
| Comment: | | |
| Corrective Action: | | Correct Action Date: |

Predrill

Location ID: 422047

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: 422032 Type: WELL API Number: 123-33136 Status: PR Insp. Status: PR

Facility ID: 422034 Type: WELL API Number: 123-33138 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHeadComment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 422035 Type: WELL API Number: 123-33139 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHeadComment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 422036 Type: WELL API Number: 123-33140 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHeadComment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 422038 Type: WELL API Number: 123-33141 Status: PR Insp. Status: PR

Producing Well

Comment: pr

BradenHeadComment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 422039 Type: WELL API Number: 123-33142 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHeadComment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 422042 Type: WELL API Number: 123-33143 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHeadComment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 422043 Type: WELL API Number: 123-33144 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD PLUMBED TO SURFACE

CA:

CA Date:

Facility ID: 422045 Type: WELL API Number: 123-33145 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD PLUMBED TO SURFACE

CA:

CA Date:

Facility ID: 422047 Type: WELL API Number: 123-33147 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):

Comment:

Pilot: Wildlife Protection Devices (fired vessels):

Reclamation - Storm Water - Pit**Interim Reclamation:**

Inspector Name: MONTOYA, JOHN

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: DRY LAND

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? Pass Subsidence over on drill pit? Pass

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: DRY LAND

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 _____

Inspector Name: MONTOYA, JOHN

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 | | | |

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|--|----------|------------|
| THERE ARE 10 WELLS ON THIS PAD 6 PLUNGERS AND 4 PUMP JACKS | montoyaj | 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 |
|--------------|---------------------|---|
| 673901969 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3874653 |