

**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:

06/14/2016

Document Number:

673902000

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	426535	318915	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
Burn, Diana		diana.burn@state.co.us	
,		COGCCinspections@anadarko.com	All Inspections
REDDY, LUKE		Luke.Reddy@anadarko.com	ALL INSPECTIONS
Green, Doreen	720-929-6475	doreen.green@anadarko.com	regulatory

Compliance Summary:QtrQtr: SWNW Sec: 2 Twp: 1N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
242458	WELL	PR	02/12/1998	GW	123-10249	PHILLIP CAMENISCH GAS UT. 2	PR	<input checked="" type="checkbox"/>
426466	WELL	PR	06/06/2013	GW	123-34699	BERGER 5-2	PR	<input checked="" type="checkbox"/>
426474	WELL	PR	05/06/2015	GW	123-34705	BERGER 4-2	PR	<input checked="" type="checkbox"/>
426530	WELL	PR	03/01/2015	GW	123-34717	BERGER 29-2	PR	<input checked="" type="checkbox"/>
426531	WELL	PR	03/01/2015	GW	123-34718	BERGER 3-2	PR	<input checked="" type="checkbox"/>
426535	WELL	PR	08/12/2013	OW	123-34719	BERGER 31-2	SI	<input checked="" type="checkbox"/>
426536	WELL	PR	06/06/2013	GW	123-34720	BERGER 21-2	PR	<input checked="" type="checkbox"/>
426542	WELL	PR	06/06/2013	GW	123-34724	BERGER 28-2	PR	<input checked="" type="checkbox"/>
426546	WELL	PR	08/12/2013	GW	123-34726	BERGER 6-2	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: MONTOYA, JOHN

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>9</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>9</u>	Separators: <u>9</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: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>9</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: <u>1</u>

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

☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	ROD IRON FENCESE CORNERN40.04962 W-104.48379		

Equipment:

Type: Plunger Lift	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action	Date: _____	

Venting:

Yes/No	NO
Comment	

Flaring:

Type	Ignitor/Combustor	Satisfactory/Action Required	SATISFACTORY
Comment:			

Corrective Action:

Correct Action
Date:**Predrill**

Location ID: 426535

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: 242458 Type: WELL API Number: 123-10249 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD PLUMBED TO SURFACE

CA: _____

CA Date: _____

Facility ID: 426466 Type: WELL API Number: 123-34699 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 426474 Type: WELL API Number: 123-34705 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 426530 Type: WELL API Number: 123-34717 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 426531 Type: WELL API Number: 123-34718 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **BRADENHEAD TO SURFACE**

CA:

CA Date:

Facility ID: 426535 Type: WELL API Number: 123-34719 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In☐ Temporarily Abandoned

Reminder:

S/A/V:

CA Date:

CA:

Comment: **MIT START 365 PSI, 5 MIN 365 PSI, 10 MIN 365 PSI, 15 MIN 365 PSI, -0****BradenHead**Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

WorkoverComment: **SET RETRIVABLE PACKER ABOVE TOP PERFS AND DROP SAND ON TOP OF PACKER TEST PACKER AND TORCH BOLTESON WELLHEAD TO 5000**

Facility ID: 426536 Type: WELL API Number: 123-34720 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD PLUMBED TO SURFACE

CA:

CA Date:

Facility ID: 426542 Type: WELL API Number: 123-34724 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD PLUMBED TO SURFACE

CA:

CA Date:

Facility ID: 426546 Type: WELL API Number: 123-34726 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: IMPROVED PASTURE

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: IMPROVED PASTURE

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	Drains	Pass			
Berms	Pass					

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
MIT TEST	montoyaj	06/14/2016

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673902000	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3878932