

**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:
07/18/2016
Document Number:
673803522
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>333265</u>	<u>333265</u>	<u>Gomez, Jason</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 47120
 Name of Operator: KERR MCGEE OIL & GAS ONSHORE LP
 Address: P O BOX 173779
 City: 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
		COGCCinspections@anadarko.com	All Inspections

Compliance Summary:

QtrQtr: SESW Sec: 5 Twp: 5N Range: 67W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
289572	WELL	PR	06/27/2008	OW	123-24885	TROLLCO 13-5	PR	<input checked="" type="checkbox"/>
289576	WELL	PR	07/09/2008	OW	123-24881	TROLLCO 19-5	PR	<input checked="" type="checkbox"/>
290504	WELL	PR	08/01/2008	OW	123-25118	TROLLCO 4-8	PR	<input checked="" type="checkbox"/>
299449	WELL	AL	05/05/2011	LO	123-29366	TROLLCO 12-5	AL	<input type="checkbox"/>
299450	WELL	AL	05/05/2011	LO	123-29367	TROLLCO 3-8	AL	<input type="checkbox"/>
299451	WELL	AL	05/05/2011	LO	123-29368	TROLLCO 35-5	AL	<input type="checkbox"/>
299452	WELL	AL	05/05/2011	LO	123-29369	TROLLCO 33-5	AL	<input type="checkbox"/>
299453	WELL	AL	05/05/2011	LO	123-29370	TROLLCO 23-5	AL	<input type="checkbox"/>

Equipment:

Location Inventory

Empty box for equipment and location inventory details.

Inspector Name: Gomez, Jason

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	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
OTHER	SATISFACTORY	6' sound wall at wellheads		
WELLHEAD	SATISFACTORY	6' chain link		
SEPARATOR	SATISFACTORY	6' CHAIN LINK		
TANK BATTERY	SATISFACTORY	6' CHAIN LINK		

Equipment:

Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date: _____

Type: Pump Jack	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	Electric/Hydraulic		
Corrective Action			Date:
Type: Gas Meter Run	# 9	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	Electrical controls		
Corrective Action			Date:
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 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	40.421690,-104.919330
S/AR	SATISFACTORY		Comment: 210BBL	
Corrective Action:				Corrective Date:

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
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	OTHER	STEEL AST	40.421690,-104.919330
S/AR	SATISFACTORY		Comment: 286 BBL	
Corrective Action:				Corrective Date:

Paint

Inspector Name: Gomez, Jason

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	NO
Comment	

Flaring:

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

Predrill

Location ID: 333265

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: 289572 Type: WELL API Number: 123-24885 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: PLUMBED TO SURFACE

CA: _____

CA Date: _____

Facility ID: 289576 Type: WELL API Number: 123-24881 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: **PLUMBED TO SURFACE**

CA: _____

CA Date: _____

Facility ID: 290504 Type: WELL API Number: 123-25118 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **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: _____

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? Pass 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? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass Perennial forage re-established In

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: _____

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					

Inspector Name: Gomez, Jason

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT