

**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:

681901187

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	299464	336181	HELGELAND, GARY	<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
		COGCCinspections@anadarko.com	All Inspections

Compliance Summary:QtrQtr: NESW Sec: 35 Twp: 2N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/11/2010	200238033	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
247443	WELL	PR	12/01/2014	OW	123-15240	LANSONS FARM/NAV/3	PR	<input checked="" type="checkbox"/>
299464	WELL	PR	11/12/2014	OW	123-29379	NELSON 33-35	PR	<input checked="" type="checkbox"/>
299465	WELL	PR	11/12/2014	OW	123-29380	NELSON 13-35	PR	<input checked="" type="checkbox"/>
299466	WELL	PR	03/12/2014	OW	123-29381	NELSON 12-35	PR	<input checked="" type="checkbox"/>
299470	WELL	PR	07/21/2009	OW	123-29383	NELSON 23-35	PR	<input checked="" type="checkbox"/>
299471	WELL	PR	07/02/2009	OW	123-29384	NELSON 11-35	PR	<input checked="" type="checkbox"/>
299472	WELL	PR	05/11/2015	GW	123-29385	NELSON 14-35	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: HELGELAND, GARY

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
BATTERY	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
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☐ Multiple Spills and Releases?

Fencing:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Barbed wire topped chain link		
TANK BATTERY	SATISFACTORY	Barbed wire topped chain link		
SEPARATOR	SATISFACTORY	Barbed wire topped chain link		

Equipment:

Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY

Comment			
Corrective Action		Date:	
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 3	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	Adequate
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Other (Content) _____

Other (Capacity) 210 BBL _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	300 BBLS	STEEL AST	40.092820,-104.973280

S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Inspector Name: HELGELAND, GARY

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: 299464

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: 247443	Type: WELL	API Number: 123-15240	Status: PR	Insp. Status: PR	
<u>Producing Well</u>					
Comment: PR					
<u>BradenHead</u>					
Comment: Bradenhead is plumed to surface.					
CA:					
CA Date:					
Facility ID: 299464	Type: WELL	API Number: 123-29379	Status: PR	Insp. Status: PR	
<u>Producing Well</u>					
Comment: PR					
<u>BradenHead</u>					
Comment: Bradenhead is plumed to surface.					
CA:					
CA Date:					
Facility ID: 299465	Type: WELL	API Number: 123-29380	Status: PR	Insp. Status: PR	
<u>Producing Well</u>					
Comment: PR					
<u>BradenHead</u>					
Comment: Bradenhead is plumed to surface.					
CA:					
CA Date:					
Facility ID: 299466	Type: WELL	API Number: 123-29381	Status: PR	Insp. Status: PR	
<u>Producing Well</u>					
Comment: PR					
<u>BradenHead</u>					
Comment: Bradenhead is plumed to surface.					
CA:					
CA Date:					
Facility ID: 299470	Type: WELL	API Number: 123-29383	Status: PR	Insp. Status: PR	
<u>Producing Well</u>					
Comment: PR					
<u>BradenHead</u>					
Comment: Bradenhead is plumed to surface.					
CA:					
CA Date:					
Facility ID: 299471	Type: WELL	API Number: 123-29384	Status: PR	Insp. Status: PR	
<u>Producing Well</u>					
Comment: PR					

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 299472 Type: WELL API Number: 123-29385 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed 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? _____ 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? _____

RESTORATION AND REVEGETATIONCroplandTop soil replaced PassRecontoured PassPerennial forage re-established InNon-Cropland

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation In Process**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	Gravel	Pass			

Inspector Name: HELGELAND, GARY

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT