

**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:

07/27/2016

Document Number:

674004155

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 247494      | 327897 | 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         |
|---------------|-------|-------------------------------|-----------------|
| , Inspections |       | COGCCinspections@Anadarko.com | All Inspections |

**Compliance Summary:**QtrQtr: NWNW Sec: 30 Twp: 3N Range: 65W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 01/22/2013 | 668700440 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 07/23/2012 | 663400642 | PR         | PR          | SATISFACTORY                  | P        |                | No              |
| 12/29/2005 | 200084885 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 01/04/2000 | 200002673 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 247494      | WELL | PR     | 09/01/2011  | OW         | 123-15291 | CAMP 30-4J    | SI          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

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

|                    |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| <b>Lease Road:</b> |                              |         |                   |      |
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

|                      |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| <b>Signs/Marker:</b> |                              |         |                   |         |
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

|                           |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| <b>Good Housekeeping:</b> |                              |         |                   |         |
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

|                |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| <b>Spills:</b> |      |        |                   |         |
| Type           | Area | Volume | Corrective action | CA Date |
|                |      |        |                   |         |

☐ Multiple Spills and Releases?

|                  |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| <b>Fencing/:</b> |                              |         |                   |         |
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | Pipe    |                   |         |

|                                   |     |                               |              |       |
|-----------------------------------|-----|-------------------------------|--------------|-------|
| <b>Equipment:</b>                 |     |                               |              |       |
| Type: Horizontal Heated Separator | # 2 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |
| Type: Gas Meter Run               | # 2 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |
| Type: Plunger Lift                | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |
| Type: Emission Control Device     | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |
| Type: Bird Protectors             | # 3 | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |     |                               |              |       |
| Corrective Action                 |     |                               |              | Date: |

Inspector Name: Carlile, Craig

|                    |              |                                   |           |                       |  |
|--------------------|--------------|-----------------------------------|-----------|-----------------------|--|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank |           | Tank ID: _____        |  |
| Contents           | #            | Capacity                          | Type      | SE GPS                |  |
| CRUDE OIL          | 2            | 300 BBLS                          | STEEL AST | 40.201620,-104.711290 |  |
| 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 |
| Earth | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

|                   |  |  |  |                 |  |
|-------------------|--|--|--|-----------------|--|
| Corrective Action |  |  |  | Corrective Date |  |
|-------------------|--|--|--|-----------------|--|

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

|                    |                                   |                |
|--------------------|-----------------------------------|----------------|
| <b>Facilities:</b> | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

|                |   |          |              |        |
|----------------|---|----------|--------------|--------|
| Contents       | # | Capacity | Type         | SE GPS |
| PRODUCED WATER | 2 | OTHER    | PBV CONCRETE | ,      |

|      |  |  |          |  |  |
|------|--|--|----------|--|--|
| S/AR |  |  | Comment: |  |  |
|------|--|--|----------|--|--|

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

Paint

|           |  |
|-----------|--|
| Condition |  |
|-----------|--|

Other (Content) \_\_\_\_\_

Other (Capacity) 60 Bbl \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

|      |          |                     |                     |             |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|      |          |                     |                     |             |

|                   |  |  |  |                 |  |
|-------------------|--|--|--|-----------------|--|
| Corrective Action |  |  |  | Corrective Date |  |
|-------------------|--|--|--|-----------------|--|

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

Venting:

|         |    |
|---------|----|
| Yes/No  | NO |
| Comment |    |

Flaring:

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

**Predrill**

Location ID: 247494

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: 247494 Type: WELL API Number: 123-15291 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Shut in flow line.

**BradenHead**

Comment: Bradenhead plumbed to surface.

CA: \_\_\_\_\_

CA Date: \_\_\_\_\_

**Environmental**

Inspector Name: Carlile, Craig

**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:**

Lat \_\_\_\_\_ Long \_\_\_\_\_  
DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_

Emission Control Burner (ECB): \_\_\_\_\_

Comment: \_\_\_\_\_

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment: \_\_\_\_\_

1003a. Waste and Debris removed? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_

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 ? \_\_\_\_\_

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

Inspector Name: Carlile, Craig

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: \_\_\_\_\_

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            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment             | User     | Date       |
|---------------------|----------|------------|
| Routine inspection. | carlilec | 07/27/2016 |