

**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:

08/08/2016

Document Number:

685500396

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 442960 | 442961 | 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 |
|--------------|-------|-------------------------------|-----------------|
| , | | COGCCinspections@anadarko.com | All Inspections |
| REDDY, LUKE | | Luke.Reddy@anadarko.com | ALL INSPECTIONS |

Compliance Summary:QtrQtr: SENE Sec: 8 Twp: 2N Range: 65W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 442954 | WELL | PR | 07/04/2016 | LO | 123-42068 | SUNFLOWER 40C-17HZ | PR | <input checked="" type="checkbox"/> |
| 442955 | WELL | DG | 09/13/2015 | LO | 123-42069 | SUNFLOWER 7N-17HZ | PR | <input checked="" type="checkbox"/> |
| 442956 | WELL | DG | 09/16/2015 | LO | 123-42070 | SUNFLOWER 8N-17HZ | PR | <input checked="" type="checkbox"/> |
| 442957 | WELL | DG | 09/14/2015 | LO | 123-42071 | SUNFLOWER 7C-17HZ | PR | <input checked="" type="checkbox"/> |
| 442958 | WELL | DG | 09/12/2015 | LO | 123-42072 | SUNFLOWER 25G-17HZ | PR | <input checked="" type="checkbox"/> |
| 442959 | WELL | DG | 09/15/2015 | LO | 123-42073 | SUNFLOWER 24N-17HZ | PR | <input checked="" type="checkbox"/> |
| 442960 | WELL | DG | 09/18/2015 | LO | 123-42074 | SUNFLOWER 40N-17HZ | PR | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

Inspector Name: MONTOYA, JOHN

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>7</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: <u>7</u> |
| 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 | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |

| | |
|--|------------------------|
| Emergency Contact Number (S/AR): <u>SATISFACTORY</u> | 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 |
| LOCATION | SATISFACTORY | BARBWIRE FENCE AROUND LOCATION | | |

| | | | | |
|-------------------------------|---------------------------------------|-------------------------------|--------------|-------|
| Equipment: | | | | |
| Type: LACT | # 1 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | SE CORNER N40.09224 W0194.41175 | | | |
| Corrective Action | | | | Date: |
| Type: Emission Control Device | # 2 | Satisfactory/Action Required: | SATISFACTORY | |
| Comment | SE CORNER N40.09224 W-104.41175 | | | |

| | | | |
|---|-----|-------------------------------|--------------|
| Corrective Action | | Date: | |
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment 1 PROPANE BOTTLE | | | |
| Corrective Action | | Date: | |
| Type: VRU | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment SE CORNER N340.09224 W-104.41175 | | | |
| Corrective Action | | Date: | |
| Type: Bird Protectors | # 9 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Horizontal Heated Separator | # 7 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Plunger Lift | # 7 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |
| Type: Gas Meter Run | # 9 | Satisfactory/Action Required: | SATISFACTORY |
| Comment SE CORNER N40.09224 W-104.41175 | | | |
| Corrective Action | | Date: | |
| Type: Other | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment 2 POLISH UNITS SE CORNER N40.09224 W-104.41175 | | | |
| Corrective Action | | Date: | |
| Type: Horizontal Separator | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment 2 HOIRIZONTAL SEPERATORS FOR GAS LIQUID BRAEK OUT SE CORNER N40.09224 W-10441175 | | | |
| Corrective Action | | Date: | |
| Type: Compressor | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment AIR COMPRESSOR SE CPRNER N40.09224 W-104,41175 | | | |
| Corrective Action | | Date: | |

Facilities: ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|-----------|---|----------|-----------|-----------------------|
| CRUDE OIL | 1 | 300 BBLS | STEEL AST | 40.092240,-104.411750 |

Inspector Name: MONTOYA, JOHN

| | | | |
|--------------------|--------------|----------|------------------|
| 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 |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|----------|---------------------------|------------------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 2 | 200 BBLS | PBV FIBERGLASS | , |
| S/AR | SATISFACTORY | Comment: | 2-210 CPACITY WATER TANKS | |
| Corrective Action: | | | | Corrective Date: |

Paint

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

Predrill

Location ID: 442960

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|-------|---------|--|------------|
| OGLA | treitzr | Operator shall provide notice to COGCC 48 hours prior to commencing construction of this Oil and Gas Location via Form 42 per Rule 316C.c. | 08/17/2015 |

S/AR: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:**

| BMP Type | Comment |
|----------|---|
| Planning | The nearest building unit is located 1,115' away from this oil and gas location, therefore it is not within a Designated Setback Location and is exempt from 604.c. |

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: 442954 Type: WELL API Number: 123-42068 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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

Facility ID: 442955 Type: WELL API Number: 123-42069 Status: DG Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **BRADENHEADS PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 442956 Type: WELL API Number: 123-42070 Status: DG Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **BRADENHEADS PLUMBED TO SURFACE**CA: CA Date:

Facility ID: 442957 Type: WELL API Number: 123-42071 Status: DG Insp. Status: PR

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

Facility ID: 442958 Type: WELL API Number: 123-42072 Status: DG Insp. Status: PR

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

Facility ID: 442959 Type: WELL API Number: 123-42073 Status: DG Insp. Status: PR

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

Facility ID: 442960 Type: WELL API Number: 123-42074 Status: DG 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:**

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

Land Use: DRY LAND

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 REVEGETATIONCropland

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 _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|---|----------|------------|
| INTERMITTER CONTROLLERS ON WELLHEADS SE CORNER 6 500 BBL FARAC TANKS FOR EXCESS WATER PRODUCTION AND ARE BERMED N40.09273 W-104.41189 | montoyaj | 08/08/2016 |

Attached Documents

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

| Document Num | Description | URL |
|--------------|---------------------|---|
| 685500396 | INSPECTION APPROVED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3923267 |