

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: 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
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

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): 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
<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

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

Yes/No	NO
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Comment	
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Flaring:

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

BradenHead

Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

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

Producing Well

Comment: 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 Well

Comment: 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 Well

Comment: 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 Well

Comment: 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 Well

Comment: 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 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: 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
<p>INTERMITTER CONTROLLERS ON WELLHEADS SE CORNER 6 500 BBL FARAC TANKS FOR EXCESS WATER PRODUCTION AND ARE BERMED N40.09273 W-104.41189</p>	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