

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:
08/10/2016
Document Number:
685500408
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>428438</u>	<u>305715</u>	<u>MONTOYA, JOHN</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
REDDY, LUKE		Luke.Reddy@anadarko.com	ALL INSPECTIONS
		COGCCinspections@anadarko.com	All Inspections

Compliance Summary:

QtrQtr: SESE Sec: 14 Twp: 2N Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/01/2013	668300449	PR	PR	SATISFACTORY	Pass		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281299	WELL	PR	10/23/2007	GW	123-23387	WEICHEL 16-14	PR	<input checked="" type="checkbox"/>
412134	WELL	PR	12/01/2014	OW	123-30396	WEICHEL 9-14	PR	<input checked="" type="checkbox"/>
412136	WELL	PR	02/23/2010	OW	123-30397	WEICHEL 37-14	PR	<input checked="" type="checkbox"/>
412148	WELL	PR	02/24/2010	OW	123-30400	WEICHEL 39-14	PR	<input checked="" type="checkbox"/>
428437	WELL	PR	01/14/2013	OW	123-35355	WEICHEL 26N-11HZ	PR	<input checked="" type="checkbox"/>
428438	WELL	PR	12/15/2012	OW	123-35356	WEICHEL 1N-11HZ	PR	<input checked="" type="checkbox"/>
428444	WELL	PR	12/23/2012	OW	123-35359	WEICHEL 30N-23HZ	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>7</u>	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
Main	SATISFACTORY			

Emergency Contact Number (S/AR): _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

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
TANK BATTERY	SATISFACTORY	BARBWIRE FENCE		
SEPARATOR	SATISFACTORY	BARBWIRE FENCE		
IGNITOR/COMBUST OR	SATISFACTORY	BARBWIRE FENCE		
WELLHEAD	SATISFACTORY	ROD IRON FENCESSE CORNERN40.07949 W-104.37873		

Equipment:

Type: LACT	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.07926 W-104.37873		
Corrective Action		Date:	
Type: Bird Protectors	# 19	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.07926 W-104.37873		
Corrective Action		Date:	
Type: Horizontal Heated Separator	# 14	Satisfactory/Action Required:	SATISFACTORY

Comment	SE CORNER N40.07890 W-104.37867		
Corrective Action			Date:
Type: Gas Meter Run	# 20	Satisfactory/Action Required:	SATISFACTORY
Comment	TOTAL 22 METER RUNS SE CORNER N40.07890 W-104.37867		
Corrective Action			Date:
Type: Plunger Lift	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	CHEMICAL PUMPS W/STORAGE BBLs AND CONTAINMENT 1-500 GALLON STORAGE TANK FOR METHANL		
Corrective Action			Date:
Type: Horizontal Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	LIGUID BREAK OUT FRON WET GAS TO ECD'S SE CORNER N40.07890 W-104.37867		
Corrective Action			Date:
Type: Emission Control Device	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40,07890 W-104.37867		
Corrective Action			Date:
Type: VRU	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.07890 W-104.37867		
Corrective Action			Date:

Tanks and Berms:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	4	200 BBLs	PBV FIBERGLASS
S/AR	SATISFACTORY	Comment:	4-210 BBL WATER TANKS
Corrective Action:			Corrective Date:
Paint			
Condition	Adequate		
Other (Content)	_____		
Other (Capacity)	_____		
Other (Type)	_____		
Berms			
Type	Capacity	Permeability (Wall)	Permeability (Base) Maintenance

Inspector Name: MONTOYA, JOHN

Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action					Corrective Date
Comment					

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	15	300 BBLS	STEEL AST	40.079260,-104.378730

S/AR SATISFACTORY Comment: 13-300 BBL TANKS, 2-400 BBL TANKS

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
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action		Corrective Date	
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Comment

Venting:

Yes/No	NO
Comment	

Flaring:

Type	Ignitor/Combustor	Satisfactory/Action Required	SATISFACTORY
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Comment:

Corrective Action:		Correct Action Date:	
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Predrill

Location ID: 428438

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: 281299 Type: WELL API Number: 123-23387 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD PLUMBED TO SURFACE

CA: _____

CA Date: _____

Facility ID: 412134 Type: WELL API Number: 123-30396 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 412136 Type: WELL API Number: 123-30397 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 412148 Type: WELL API Number: 123-30400 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 428437 Type: WELL API Number: 123-35355 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 428438 Type: WELL API Number: 123-35356 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

BradenHead

Comment: **BRADENHEAD PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 428444 Type: WELL API Number: 123-35359 Status: PR 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:

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: RANGELAND
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? Pass Subsidence over on drill pit? Pass
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: RANGELAND

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	Drains	Pass			

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
INTERMITTER CONTROLLERS ON WELLHEAD	montoyaj	08/10/2016

Attached Documents

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

Document Num	Description	URL
685500408	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3925529