

**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:

08/22/2016

Document Number:

674103616

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	418085	333299	Rickard, Jeff	<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
, General		COGCCinspections@Anadarko.com	All Inspections, send to Paul Avant as well

**Compliance Summary:**QtrQtr: NWSE Sec: 12 Twp: 5N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/24/2013	670500917	PR	PR	SATISFACTORY	Pass		No
10/19/2010	200278984	PR	WO	<b>ACTION REQUIRED</b>	Fail		No

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

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
299235	WELL	AL	03/16/2010	LO	069-06358	MIRACLE 14-12	AL	<input type="checkbox"/>
299237	WELL	AL	03/16/2010	LO	069-06359	MIRACLE 13-12	AL	<input type="checkbox"/>
299253	WELL	AL	03/16/2010	LO	069-06360	MIRACLE 19-12	AL	<input type="checkbox"/>
299254	WELL	AL	03/16/2010	LO	069-06361	MIRACLE 11-12	AL	<input type="checkbox"/>
299257	WELL	AL	03/16/2010	LO	069-06362	MIRACLE 12-12	AL	<input type="checkbox"/>
299258	WELL	AL	03/16/2010	LO	069-06363	MIRACLE 10-12	AL	<input type="checkbox"/>
299259	WELL	AL	03/16/2010	LO	069-06364	MIRACLE 7-12	AL	<input type="checkbox"/>
299495	WELL	AL	03/16/2010	LO	069-06381	MIRACLE 24-12	AL	<input type="checkbox"/>
417945	WELL	PR	03/07/2012	OW	069-06405	MIRACLE 7-12	PR	<input checked="" type="checkbox"/>

Inspector Name: Rickard, Jeff

417952	WELL	PR	02/19/2011	OW	069-06406	MIRACLE 11-12	PR	<input checked="" type="checkbox"/>
417958	WELL	PR	02/11/2011	OW	069-06407	MIRACLE 10-12	PR	<input checked="" type="checkbox"/>
418085	WELL	PR	04/14/2011	OW	069-06409	MIRACLE 12-12	PR	<input checked="" type="checkbox"/>
418086	WELL	PR	05/14/2012	OW	069-06410	MIRACLE 15-12	PR	<input checked="" type="checkbox"/>
418087	WELL	PR	03/14/2012	GW	069-06411	MIRACLE 14-12	PR	<input checked="" type="checkbox"/>
418088	WELL	PR	03/01/2011	OW	069-06412	MIRACLE 23-12	PR	<input checked="" type="checkbox"/>
418104	WELL	PR	02/22/2011	OW	069-06416	MIRACLE 19-12	PR	<input checked="" type="checkbox"/>
418106	WELL	PR	02/18/2011	OW	069-06418	MIRACLE 13-12	PR	<input checked="" type="checkbox"/>
418297	WELL	PR	03/01/2011	OW	069-06426	MIRACLE 22-12	PR	<input checked="" type="checkbox"/>
418301	WELL	PR	02/19/2011	OW	069-06427	MIRACLE 25-12	PR	<input checked="" type="checkbox"/>

**Equipment:**

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>11</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>2</u>	Separators: <u>11</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>8</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: <u>11</u>

**Location**

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

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

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

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Venting:</b>	
Yes/No	_____
Comment	_____

<b>Flaring:</b>			
Type	_____	Satisfactory/Action Required	_____
Comment:	_____		
Corrective Action:	_____	Correct Action Date:	_____

**Predrill**

Location ID: 418085

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

S/AR: \_\_\_\_\_

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

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

CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
Agency	glasgowp	Location may be in a sensitive area due to shallow groundwater; therefore if drilling pits intercept groundwater the pit must be lined or a closed loop system used.	06/22/2010

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: 417945 Type: WELL API Number: 069-06405 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

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

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

Inspector Name: Rickard, Jeff

Facility ID: 417952 Type: WELL API Number: 069-06406 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 417958 Type: WELL API Number: 069-06407 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418085 Type: WELL API Number: 069-06409 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418086 Type: WELL API Number: 069-06410 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418087 Type: WELL API Number: 069-06411 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418088 Type: WELL API Number: 069-06412 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Inspector Name: Rickard, Jeff

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418104 Type: WELL API Number: 069-06416 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418106 Type: WELL API Number: 069-06418 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418297 Type: WELL API Number: 069-06426 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 418301 Type: WELL API Number: 069-06427 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at 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:

Inspector Name: Rickard, Jeff

**Water Well:**

Lat

Long

DWR Receipt Num:

Owner Name:

GPS :

**Field Parameters:**

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

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

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

Pilot: \_\_\_\_\_

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

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

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

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

Land Use: IRRIGATED

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? Pass \_\_\_\_\_

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? \_\_\_\_\_

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: \_\_\_\_\_

Inspector Name: Rickard, Jeff

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_

Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: IRRIGATED

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: SATISFACTORY

Corrective Date: \_\_\_\_\_

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

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

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