

**FORM
INSP**Rev
X/15

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:

10/05/2016

Submitted Date:

10/05/2016

Document Number:

681901510**FIELD INSPECTION FORM**

Loc ID _____ Inspector Name: _____ On-Site Inspection ☐
444416 _____ HELGELAND, GARY _____ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 47120Name of Operator: KERR MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: DENVER State: CO Zip: 80217-**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		COGCCinspections@anadarko.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
444408	WELL	XX	12/23/2015	LO	123-42607	HIGHLANDS 2C-33HZ	XX
444413	WELL	XX	12/23/2015	LO	123-42612	HIGHLANDS 27N-33HZ	XX
444414	WELL	XX	12/23/2015	LO	123-42613	HIGHLANDS 28N-33HZ	XX
444419	WELL	XX	12/23/2015	LO	123-42617	HIGHLANDS 15N-16HZ	XX

General Comment:

Inspected Facilities

Facility ID: 444408 Type: WELL API Number: 123-42607 Status: XX Insp. Status: XX

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: SURFACE CASING SET.

Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD

Corrective Action: _____ Date: _____

Facility ID: 444413 Type: WELL API Number: 123-42612 Status: XX Insp. Status: XX

Well Drilling

Rig: Rig Name: pPRECISION 564 Pusher/Rig Manager: STAN WALTER
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: SETTING SURFACE CASING

Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD

Corrective Action: _____ Date: _____

Facility ID: 444414 Type: WELL API Number: 123-42613 Status: XX Insp. Status: XX

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
Multi-Well: _____ Disposal Location: _____

Comment: SURFACE CASING SET.

Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD.

Corrective Action: _____ Date: _____

Facility ID: 444419 Type: WELL API Number: 123-42617 Status: XX Insp. Status: XX

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
Multi-Well: _____ Disposal Location: _____

Comment: SURFACE CASING SET.

Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD.

Corrective Action: _____ Date: _____