

**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:

10/17/2016

Submitted Date:

10/17/2016

Document Number:

674004496

FIELD INSPECTION FORM

Loc ID 311501 Inspector Name: Carlile, Craig On-Site Inspection 2A Doc Num: _____

Status Summary:

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

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-

Findings:

17 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
294879	WELL	PR	06/03/2011	OW	123-25573	WATERFRONT 24-34	PR
295377	WELL	PR	11/08/2008	OW	123-25716	WATERFRONT 41-34	PR
295490	WELL	PR	01/05/2009	GW	123-25727	WATERFRONT 8-34	PR
295491	WELL	PR	06/03/2011	OW	123-25728	WATERFRONT 2-34	PR
295663	WELL	PR	01/09/2009	GW	123-25788	WATERFRONT 21-34	PR

General Comment:

Location

Overall Good:

Signs/Marker:

Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	IGNITOR/COMBUSTOR		
Comment:	Chainlink		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Chainlink		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	Chainlink		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Chainlink		
Corrective Action:		Date:	

Equipment:

Type: Gas Meter Run	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 2		

Comment:			
Corrective Action:			Date:
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:			Date:
Type: Bird Protectors	# 3		
Comment:			
Corrective Action:			Date:
Type: Plunger Lift	# 6		
Comment:			
Corrective Action:			Date:
Type: Compressor	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tanak ID	SE GPS
PRODUCED WATER	1	OTHER	FIBERGLASS AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	210 Bbl
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:	Shared with crude oil tank.			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tanak ID	SE GPS
CRUDE OIL	4	OTHER	STEEL AST		40.185100,-104.984710
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	315 Bbl
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type	Ignitor/Combustor	
Comment:		
Corrective Action:		Date:

Inspected Facilities					
Facility ID:	294879	Type:	WELL	API Number:	123-25573
Status:	PR	Insp. Status:	PR		
Idle Well					
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____					
Comment: <input type="text" value="Shut in at separator."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
BradenHead					
Comment: <input type="text" value="Bradenhead plumbed to surface."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
Facility ID:	295377	Type:	WELL	API Number:	123-25716
Status:	PR	Insp. Status:	PR		
Idle Well					
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____					
Comment: <input type="text" value="Shut in at separator."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
BradenHead					
Comment: <input type="text" value="Bradenhead plumbed to surface."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
Facility ID:	295490	Type:	WELL	API Number:	123-25727
Status:	PR	Insp. Status:	PR		
Idle Well					
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____					
Comment: <input type="text" value="Shut in at separator."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
BradenHead					
Comment: <input type="text" value="Bradenhead plumbed to surface."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
Facility ID:	295491	Type:	WELL	API Number:	123-25728
Status:	PR	Insp. Status:	PR		
Idle Well					
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____					
Comment: <input type="text" value="Shut in at separator."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
BradenHead					
Comment: <input type="text" value="Bradenhead plumbed to surface."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
Facility ID:	295663	Type:	WELL	API Number:	123-25788
Status:	PR	Insp. Status:	PR		
Idle Well					
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____					
Comment: <input type="text" value="Shut in at separator."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>
BradenHead					
Comment: <input type="text" value="Bradenhead plumbed to surface."/>					
Corrective Action: <input type="text"/>					Date: <input type="text"/>

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment:

Corrective Action: Date: _____

BradenHead

Comment:

Corrective Action: Date: _____

Environmental

Spill/Remediation:

Comment:

Corrective Action: Date:

Emission Control Burner (ECB): YES

Comment:

Pilot: OFF Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? _____

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ 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 _____

1003e. INTERIM VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment

Corrective Action

Date _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

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 _____

1004.d. FINAL VEGETATION TRANSECT
 TRANSECT RESULTS OF DISTURBED AREA% _____
 TRANSECT RESULTS OF REFERENCE AREA% _____
 TOTAL % OF DESIRABLE VEGETATION COVER _____
 VEGETATIVE COVER _____

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					

Comment:

Corrective Action: Date: _____

Pits: NO SURFACE INDICATION OF PIT

<u>COGCC Comments</u>		
Comment	User	Date
Routine inspection.	carlilec	10/17/2016

Attached Documents

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

Document Num	Description	URL
674004496	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3978083