

**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:

04/04/2017

Submitted Date:

04/04/2017

Document Number:

681902053

FIELD INSPECTION FORM

Loc ID 428979 Inspector Name: HELGELAND, GARY 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:

- 13 Number of Comments
- 0 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
428977	WELL	PR	02/13/2013	OW	123-35608	HAYMAKER 28N-9HZ	PR
428978	WELL	PR	02/13/2013	OW	123-35609	HAYMAKER 3N-9HZ	PR

General Comment:

Location

Overall Good:

Signs/Marker:

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

Emergency Contact Number:

Comment: SATISFACTORY

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:

Type	WELLHEAD		
Comment:	SATISFACTORY		
Corrective Action:		Date:	

Equipment:

Type:	#		corrective date
Comment:	Refer to inspection # 668300473 for information concerning shared battery and equipment.		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
Comment:	Refer to inspection # 668300473 for information concerning shared battery and equipment.				
Corrective Action:		Date:			

Paint

Condition	
Other (Content)	
Other (Capacity)	

Other (Type) _____				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:			Date:	
Venting:				
Yes/No				
Comment:				
Corrective Action:				Date:
Flaring:				
Type				
Comment:				
Corrective Action:				Date:

Inspected Facilities

Facility ID: 428977 Type: WELL API Number: 123-35608 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Comment: Bradenhead is plumed to surface.

Corrective Action:

Date:

Facility ID: 428978 Type: WELL API Number: 123-35609 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Comment: Bradenhead is plumed to surface.

Corrective Action:

Date:

Environmental

Spill/Remediation:

Comment:

Corrective Action: Date:

Emission Control Burner (ECB): YES

Comment:

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

