

**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:

04/21/2017

Submitted Date:

04/23/2017

Document Number:

681902106**FIELD INSPECTION FORM**

Loc ID 446728 Inspector Name: HELGELAND, GARY On-Site Inspection ☐ 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:19 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
446723	WELL	DG	02/21/2017		123-43361	BURGE 14N-11HZ	DG
446724	WELL	DG	02/20/2017		123-43362	BURGE 35C-11HZ	DG
446726	WELL	DG	02/17/2017		123-43363	BURGE 13NW-11HZ	DG
446727	WELL	DG	02/23/2017		123-43364	BURGE 36C-11HZ	DG
446729	WELL	DG	02/18/2017		123-43365	BURGE 13C-11HZ	DG
446730	WELL	DG	02/22/2017		123-43366	BURGE 36N-11HZ	DG
446731	WELL	DG	02/19/2017		123-43367	BURGE 13N-11HZ	DG
446732	WELL	DG	02/16/2017		123-43368	BURGE 34N-11HZ	DG

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	OTHER		
Comment:	SATISFACTORY		
Corrective Action:		Date:	

Emergency Contact Number:

Comment: SATISFACTORY

Corrective Action: _____ Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: _____

☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 446723 Type: WELL API Number: 123-43361 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: Xtreme #24 Pusher/Rig Manager: Travis Kruckenberg
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
 Pressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: Waste Management
 Comment: Well being drilled to TD
 Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD.
 Corrective Action: _____ Date: _____

Facility ID: 446724 Type: WELL API Number: 123-43362 Status: DG Insp. Status: DG

Well Drilling

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

Well Control Equipment:

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

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____
 Comment: Surface casing set and cemented.
 Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD.
 Corrective Action: _____ Date: _____

Facility ID: 446726 Type: WELL API Number: 123-43363 Status: DG Insp. Status: DG

Well Drilling

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

Well Control Equipment:

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

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: YES Disposal Location: _____

Comment: Surface casing set and cemented.

Corrective Action: _____ Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____ Date: _____

Facility ID: 446727 Type: WELL API Number: 123-43364 Status: DG Insp. Status: DG**Well Drilling**Rig: Rig Name: Xtreme #24 Pusher/Rig Manager: Travis Kruckenberg

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: Waste ManagementComment: Well drilled to TD

Corrective Action: _____ Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____ Date: _____

Facility ID: 446729 Type: WELL API Number: 123-43365 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: _____ Pusher/Rig Manager: _____

Permit Posted: _____ Access Sign: Yes**Well Control Equipment:**

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: YES**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: YES Disposal Location: _____

Comment: Surface casing set and cemented.

Corrective Action: _____ Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____

Date: _____

Facility ID: 446730 Type: WELL API Number: 123-43366 Status: DG Insp. Status: DG**Well Drilling**Rig: Rig Name: Xtreme #24 Pusher/Rig Manager: Travis KruckenbergPermit Posted: _____ Access Sign: Yes**Well Control Equipment:**

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: YES**Drill Fluids****Management:**Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____Multi-Well: YES Disposal Location: Waste ManagementComment: Well drilled to TD

Corrective Action: _____

Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____

Date: _____

Facility ID: 446731 Type: WELL API Number: 123-43367 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: _____ Pusher/Rig Manager: _____

Permit Posted: _____ Access Sign: Yes**Well Control Equipment:**

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: YES**Drill Fluids****Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: YES Disposal Location: _____Comment: Surface casing set and cemented.

Corrective Action: _____

Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____

Date: _____

Facility ID: 446732 Type: WELL API Number: 123-43368 Status: DG Insp. Status: DG**Well Drilling**

Rig: Rig Name: _____ Pusher/Rig Manager: _____

Permit Posted: _____ Access Sign: Yes**Well Control Equipment:**

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: YES

Drill Fluids
Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: YES Disposal Location: _____

Comment: Surface casing set and cemented.

Corrective Action: _____

Date: _____

BradenHead

Comment: NO BRADENHEAD.

Corrective Action: _____

Date: _____

Environmental**Spill/Remediation:**Comment: Corrective
Action: Date: Emission Control Burner (ECB): YESComment: Pilot: ONWildlife Protection Devices (fired vessels): YES**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401266492	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130939
681902107	Rig	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130722