

**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:

06/09/2017

Submitted Date:

06/28/2017

Document Number:

674200115**FIELD INSPECTION FORM**

Loc ID 444349 Inspector Name: Gomez, Jason 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:**7 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
		Kristina.Geno@anadarko.com	
,		COGCCinspections@anadarko.com	<a href="#">All Inspections</a>
Adamczyk, Megan		megan.adamczyk@state.co.us	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
444346	WELL	DG	12/28/2016	LO	123-42571	GARFIELD 28N-14HZ	WO
444347	WELL	DG	12/27/2016	LO	123-42572	GARFIELD 36N-35HZ	WO

**General Comment:**

**Location**Overall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

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

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

corrective date

Type: Ancillary equipment

#

Comment:

APPROX 25' MOBILE SOUND WALLS IN GAP ON WEST END OF LOCATION FOR MITIGATION

Corrective Action:

Date:

Type: Ancillary equipment

#

Comment:

APPROX 25' MOBILE SOUND WALLS PLACED ON THE EAST END OF COMPLAINTS HOME FOR SOUND MITIGATION

Corrective Action:

Date:

Type: Ancillary equipment

#

Comment:

APPROX 12' BALES USED FOR SOUND MITIGATION ON NORTH END OF LOCATION

Corrective Action:

Date:

Type: Ancillary equipment

#

Comment:

QUIET FLEET FRAC EQUIPMENT ON LOCATION FOR SOUND MITIGATION

Corrective Action:

Date:

Type: Ancillary equipment

#

Comment:

APPROX 32' SPOUND WALLS ON WEST AND SOUTH END OF LOCATION

Corrective Action:

Date:

**Venting:**

Yes/No

Comment:

Corrective Action:

Date:

**Flaring:**

Type

Comment:

Corrective Action:

Date:

**Inspected Facilities**Facility ID: 444346 Type: WELL API Number: 123-42571 Status: DG Insp. Status: WO**Well Stimulation**Stimulation Company: LIBERTYStimulation Type: HYDRAULIC FRAC**Observation:**

Other: \_\_\_\_\_

Maximum Casing Recorded: \_\_\_\_\_ PSI

Tubing: \_\_\_\_\_

Surface: \_\_\_\_\_

Intermediate: \_\_\_\_\_

Production: \_\_\_\_\_

Instantaneous Shut-In Pressure (ISIP) \_\_\_\_\_

Bradenhead Psi: \_\_\_\_\_

Frac Flow Back: \_\_\_\_\_

Fluid: \_\_\_\_\_ Gas: \_\_\_\_\_

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

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

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

Facility ID: 444347 Type: WELL API Number: 123-42572 Status: DG Insp. Status: WO**Complaint**Comment: Complaint Received June 6, 2017Field Inspector Assigned: Jason E. GomezComplaint Received:Date: 6-6-2017 Time 0900 HrsComplaint Contacted:Date: 6-9-2017 Time 14:00 HrsWell Number#: Location #: 444349Inspection Document #: 6742000115Nature of complaint: NoiseField Inspector Actions:On 6-6-2017, I was contacted by complaint specialist Megan Adamczyk in reference to several complaints received by the COGCC about noise occurring at the residence of the complainant.On 6-9-2017, I performed a complete site inspection of the Anadarko Garfield location located the east of the complainants home. I reviewed location records, which did not show any abnormal fracking conditions at the time of the complaints. I also contacted Anadarko and requested they have a third party perform a sound study at the residence of the complainants home.I contacted the complainant and he indicated he would prefer a third party sound study performed rather than the COGCC 1 hour sound study as he indicated the noise occurred more at night and he would prefer the study to be over a weekend so he could be present when the study was performed.The third party sound study results were reviewed on June 16, 2017 and did not indicate any violations of COGCC rules.All information reviewed and site inspection information were submitted to the complaint specialist for further review.No violations of COGCC rules were observed at the time of the inspection.

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

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

Well Stimulation			
Stimulation Company: _____		Stimulation Type: _____	
<b>Observation:</b>		Other: _____	
Maximum Casing Recorded: _____ PSI	Tubing: _____		
Surface: _____	Intermediate: _____		
Production: _____	Instantaneous Shut-In Pressure (ISIP) _____		
Bradenhead Psi: _____	Frac Flow Back: _____	Fluid: _____	Gas: _____
Comment:	<div></div>		
Corrective Action:	<div></div>		Date: _____

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				Vehicle Tracking	Pass	
Compaction	Pass	Compaction	Pass	Covering Materials	Pass	
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT