

**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:

01/08/2018

Submitted Date:

01/09/2018

Document Number:

674200409

FIELD INSPECTION FORM

Loc ID 452217 Inspector Name: Gomez, Jason 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:

- 4 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
Adamczyk, Megan		megan.adamczyk@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
452258	WELL	XX	09/21/2017		123-45492	PAPA JO 2-25 29N3-8HZ	DG
452259	WELL	XX	09/21/2017		123-45493	YELLOWHAMMER 34N-17HZ	DG
452260	WELL	XX	09/21/2017		123-45494	YELLOWHAMMER 4C-8HZ	DG
452261	WELL	XX	09/21/2017		123-45495	YELLOWHAMMER 13N-17HZ	DG
452262	WELL	XX	09/21/2017		123-45496	PAPA JO 2-25 36N-17HZ	DG
452263	WELL	XX	09/21/2017		123-45497	YELLOWHAMMER 30N2-8HZ	DG
452264	WELL	XX	09/21/2017		123-45498	YELLOWHAMMER 34C-17HZ	DG
452265	WELL	XX	09/21/2017		123-45499	PAPA JO 2-25 35N-17HZ	DG
452266	WELL	XX	09/21/2017		123-45500	YELLOWHAMMER 30N-8HZ	DG

General Comment:

Location

Overall Good:

Signs/Marker:

Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	

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?

Fencing/:

Type	LOCATION		
Comment:	Approx 32' sound walls surround location for lighting and sound mitigation		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type	Field Flare		
Comment:	Box flare		
Corrective Action:		Date:	

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES

Pressure Test BOP: Pass 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 Connection

Comment: _____

Corrective Action: _____

Date: _____

Facility ID: 452266 Type: WELL API Number: 123-45500 Status: XX Insp. Status: DG

Reclamation - Storm Water - Pit

Storm Water:

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

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT