

**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:

01/18/2018

Submitted Date:

01/18/2018

Document Number:

674200422

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
,		cogcc.djinspections@encana.com	Group email
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	XX
452259	WELL	XX	09/21/2017		123-45493	YELLOWHAMMER 34N-17HZ	XX
452260	WELL	XX	09/21/2017		123-45494	YELLOWHAMMER 4C-8HZ	XX
452263	WELL	XX	09/21/2017		123-45497	YELLOWHAMMER 30N2-8HZ	XX
452264	WELL	XX	09/21/2017		123-45498	YELLOWHAMMER 34C-17HZ	XX
452266	WELL	XX	09/21/2017		123-45500	YELLOWHAMMER 30N-8HZ	XX
452269	WELL	XX	09/21/2017		123-45503	PAPA JO 2-25 29N-8HZ	XX
452272	WELL	XX	09/21/2017		123-45506	PAPA JO 2-25 35N2-17HZ	XX
452273	WELL	XX	09/21/2017		123-45507	PAPA JO 2-25 35C2-17HZ	XX

General Comment:

Location

Overall Good:

Signs/Marker:			
Type	DRILLING/RECOMP		
Comment:			
Corrective Action:		Date:	
Type	CONTAINERS		
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	LOCATION		
Comment:	Approx 32' sound walls surround location to mitigate noise		
Corrective Action:		Date:	

Venting:			
Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:			
Type	Field Flare		
Comment:	Not in use at time of inspection		
Corrective Action:		Date:	

Inspected FacilitiesFacility ID: 452258 Type: WELL API Number: 123-45492 Status: XX Insp. Status: XXFacility ID: 452259 Type: WELL API Number: 123-45493 Status: XX Insp. Status: XXFacility ID: 452260 Type: WELL API Number: 123-45494 Status: XX Insp. Status: XXFacility ID: 452263 Type: WELL API Number: 123-45497 Status: XX Insp. Status: XXFacility ID: 452264 Type: WELL API Number: 123-45498 Status: XX Insp. Status: XXFacility ID: 452266 Type: WELL API Number: 123-45500 Status: XX Insp. Status: XXFacility ID: 452269 Type: WELL API Number: 123-45503 Status: XX Insp. Status: XXFacility ID: 452272 Type: WELL API Number: 123-45506 Status: XX Insp. Status: XXFacility ID: 452273 Type: WELL API Number: 123-45507 Status: XX Insp. Status: XX

Complaint

Comment: **Complaint #:** 200445339

Field Inspector Assigned: Jason E. Gomez

Complaint Received:

Date: 1-18-2018 Time 1130 Hrs

Contacted by Inspector:

Date: 1-18-2018 Time 1400 Hrs

Well Number#: **Location #:** 452217

Inspection Document #: 674200422

Nature of complaint: Noise

Field Inspector Actions:

On 1-18-2018, I was contacted by James Precup NE supervisor of the COGCC in reference to a complaint of noise coming from a location near the residence of the complainant in Erie.

On 1-18-2018 I contacted the complainant who indicated he had been experiencing noise coming from what he believed was the Papa Jo location which was located approx. 1.25 miles away. He indicated the noise was constant but was causing his family to loose sleep at night.

I conducted inspection of the Anadarko PapaJo location and I observed normal drilling operation on location. I spoke with the operator who indicated they had not had any abnormal drilling operations while drilling on location. I checked the 3rd party sound study information and did not see any exceedance of COGCC sound rules on the sound study data.

All information reviewed and site inspection information were submitted to the COGCC for further review.

I did not observe any violations of COGCC rules at the time of the inspection.

Corrective Action:

Date:

Well Drilling

Rig: Rig Name: Precision Rig 564 Pusher/Rig Manager: _____
 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: _____ 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:

Reclamation - Storm Water - Pit

Storm Water:

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

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT