

FORM
INSPRev
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:

04/10/2018

Submitted Date:

04/10/2018

Document Number:

690001337**FIELD INSPECTION FORM**

Loc ID 329980 Inspector Name: Carlile, Craig On-Site Inspection 2A Doc Num: _____

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-

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
 FOLLOW UP INSPECTION REQUIRED
 NO FOLLOW UP INSPECTION REQUIRED

Findings:

3 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

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
250333	WELL	SI	10/01/2017	GW	123-18136	HSR-B/R "D" 9-20	PA

General Comment:

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:

Type	#				corrective date
Horizontal Heated Separator	# 0				
Plunger Lift	# 0				
Gas Meter Run	# 0				

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	0				,	

Paint

Condition	<input type="text"/>
Other (Content)	<input type="text"/>
Other (Capacity)	<input type="text"/>
Other (Type)	<input type="text"/>

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	0				,	

Corrective Action:	Date:
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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: 250333 Type: WELL API Number: 123-18136 Status: SI Insp. Status: PA

Cement

Cement Contractor

Contractor Name: _____ Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____ Circulate to Surface: _____
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____

Good Return During Job: _____ Cement Type: _____

Comment: Form 6(S):401515192

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
Well plugged Battery removed.	carlilec	04/10/2018

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
690001338	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4428417