

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:

10/02/2018

Submitted Date:

10/02/2018

Document Number:

690002549

FIELD INSPECTION FORM

Loc ID _____ Inspector Name: _____ On-Site Inspection
330075 _____ Carlile, Craig _____ 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
250554	WELL	SI	05/01/2017	GW	123-18357	PSC 41-3	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	#	Capacity	Type	Tank ID	SE GPS	corrective date
Plunger Lift	# 0					
Comment: <input type="text"/>						
Corrective Action: <input type="text"/>						Date: <input type="text"/>

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
OTHER	0				
Comment: <input type="text"/>					
Corrective Action: <input type="text"/>					
Date: <input type="text"/>					

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
Comment: <input type="text"/>				
Corrective Action: <input type="text"/>				
Date: <input type="text"/>				

Venting:

Yes/No	<input type="text"/>
Comment:	<input type="text"/>
Corrective Action:	<input type="text"/>
Date: <input type="text"/>	

Flaring:

Type	<input type="text"/>
Comment:	<input type="text"/>
Corrective Action:	<input type="text"/>
Date: <input type="text"/>	

Inspected Facilities

Facility ID: 250554 Type: WELL API Number: 123-18357 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:

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
Mulching	Pass					

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Routine inspection.	carlilec	10/02/2018

Attached Documents

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

Document Num	Description	URL
690002550	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4595397