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

## FIELD INSPECTION FORM

Inspection Date: 11/01/2018
Submitted Date: 11/01/2018
Document Number: 678302282

Loc ID: 429361
Inspector Name: GINTAUTAS, PETER
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:**

2 Number of Comments
0 Number of Corrective Actions
☐ Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM PREVIOUS INSPECTIONS THAT HAVE NOT BEEN ADDRESSED ARE STILL APPLICABLE**

**Contact Information:**

| Contact Name | Phone | Email | Comment |
|---|---|---|---|
| , | | COGCCinspections@anadarko.com | All Inspections |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|---|---|---|---|---|---|---|---|
| 429365 | WELL | PR | 01/27/2013 | OW | 123-35784 | CANNON 14N-W3HZ | EI |
| 429366 | WELL | PR | 01/18/2013 | OW | 123-35785 | CANNON 13C-3HZ | EI |
| 429376 | WELL | PR | 01/27/2013 | OW | 123-35795 | CANNON 13N-3HZ | EI |

**General Comment:**

production facilities on separate location and battery 442605 inspected separately from this inspection of wells

Inspector Name: GINTAUTAS, PETER

## Location

Overall Good: ☒

| **Signs/Marker:** | | | |
|---|---|---|---|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

| **Spills:** | | | | | |
|---|---|---|---|---|---|
| Type | Area | Volume | | | |

In Containment: No

Comment: no spills observed at surface

☐ Multilple Spills and Releases?

| **Fencing/:** | | | |
|---|---|---|---|
| Type | WELLHEAD | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| **Equipment:** | | | | corrective date |
|---|---|---|---|---|
| Type: Plunger Lift | # 3 | | | |
| Comment: | | | | |
| Corrective Action: | | Date: | | |

**Venting:**

| | | | |
|---|---|---|---|
| Yes/No | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

**Flaring:**

| | | | |
|---|---|---|---|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspector Name: GINTAUTAS, PETER

**Inspected Facilities**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Facility ID: | 429365 | Type: | WELL | API Number: | 123-35784 | Status: | PR | Insp. Status: | EI |
| Facility ID: | 429366 | Type: | WELL | API Number: | 123-35785 | Status: | PR | Insp. Status: | EI |
| Facility ID: | 429376 | Type: | WELL | API Number: | 123-35795 | Status: | PR | Insp. Status: | EI |