

**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:

01/15/2021

Submitted Date:

01/15/2021

Document Number:

697002834

FIELD INSPECTION FORMLoc ID 330256 Inspector Name: Peterson, Tom 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:

11 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	
Pesicka, Conor		conor.pesicka@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
250922	WELL	SI	03/01/2019	OW	123-18725	HSR-SEEWALD 11-31	SI

General Comment:[FIRR document #402574276](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	CONTAINERS		
Comment:	Methanol system		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Emergency contact number noted in prior inspection document #697002796 has been installed. See attached photos.		
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
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	TANK BATTERY		
Comment:	Livestock fencing		
Corrective Action:		Date:	
Type	IGNITOR/COMBUSTOR		
Comment:	Panel		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	Livestock fencing		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bird Protectors	# 2		

Comment:			Date:	
Corrective Action:			Date:	
Type: Pig Station	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: Bradenhead	# 1			
Comment: Bradenhead valve is exposed at surface.			Date:	
Corrective Action:			Date:	
Type: Emission Control Device	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: Ancillary equipment	# 3			
Comment: Automation array, ECD scrubber, methanol system			Date:	
Corrective Action:			Date:	
Type: Plunger Lift	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: Horizontal Heated Separator	# 1			
Comment:			Date:	
Corrective Action:			Date:	
Type: Gas Meter Run	# 1			
Comment: Calibration card is current			Date:	
Corrective Action:			Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLs	PBV FIBERGLASS		,
Comment: 75 bbls. Produced water vault is anchored.					
Corrective Action:					Date:

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					
Date:					
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLs	STEEL AST		,

Comment:		
Corrective Action:		Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No		
Comment:		
Corrective Action:		Date:

Flaring:

Type	
Comment:	
Corrective Action:	Date:

Inspected FacilitiesFacility ID: 250922 Type: WELL API Number: 123-18725 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

Comment: _____

Corrective Action: _____ Date: _____

BradenHeadDate of Last Brhd Test: _____ Annual Brhd Completed? #Error

Last Brhd Test Results Initial Surf Csg Pressure: _____ Fluid Type: _____

End Surf Csg Pressure: _____

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
Gravel	Pass	Gravel	Pass	Self Inspection	Pass	

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
697002835	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5331527