

**FORM
INSP**Rev
X/20**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:

08/09/2021

Submitted Date:

08/09/2021

Document Number:

690008184**FIELD INSPECTION FORM**Loc ID 310116 Inspector Name: Carlile, Craig On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**OGCC Operator Number: 47120Name of Operator: KERR MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: DENVER State: CO Zip: 80217-**Status Summary:**

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

Findings:5 Number of Comments0 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 |
|--------------|-------|--------------------------|---------------------------------|
| , Oxy | | COGCCInspections@Oxy.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 291019 | WELL | SI | 04/01/2020 | OW | 123-25930 | BROWN 25-35 | SI |

General Comment:

LocationOverall 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: ☐ Multiple Spills and Releases?

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

| | | | |
|--------------------|-----|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Plunger Lift | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| Contents | # | Capacity | Type | Tank ID | SE GPS |
|--------------------|--|----------|---------------------|---------|--------|
| | | | CENTRALIZED BATTERY | | , |
| Comment: | Battery services location number: 336266 | | | | |
| Corrective Action: | | | | Date: | |

Paint

| | | |
|------------------|--|--|
| Condition | | |
| Other (Content) | | |
| Other (Capacity) | | |
| Other (Type) | | |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| | | | | |
| Comment: | | | | |
| Corrective Action: | | | Date: | |

Venting:

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

Flaring:

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

Inspected FacilitiesFacility ID: 291019 Type: WELL API Number: 123-25930 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: SI at wellhead connection with flow line.

Corrective Action: _____

Date: _____

BradenHeadDate of Last Brhd Test: 04/12/2021Annual Brhd Completed? YesLast Brhd Test Results Initial Surf Csg Pressure: 2Fluid Type: NoneEnd Surf Csg Pressure: --Comment: Plumbed to surface.

Corrective Action: _____

Date: _____

COGCC Comments

Comment

User

Date

Routine wellhead inspection.

carlilec

08/09/2021

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

| Document Num | Description | URL |
|--------------|-------------|---|
| 690008185 | Photo | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5501303 |