

FORM
INSPRev
X/20

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

12/06/2023

Submitted Date:

12/06/2023

Document Number:

690011929

FIELD INSPECTION FORM

Loc ID 433154 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:

12 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
, Oxy		ECMCInspections@Oxy.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
433147	WELL	PR	10/01/2022	OW	123-37500	HERMAN 16N-5HZ	PR
433148	WELL	PR	12/01/2019	OW	123-37501	HERMAN 37C-5HZ	PR
433150	WELL	PR	12/01/2019	OW	123-37502	HERMAN 15N-5HZ	PR
433152	WELL	PR	12/01/2019	OW	123-37503	HERMAN 36N-5HZ	PR
433156	WELL	DG	04/10/2015	OW	123-37505	HERMAN 37N-5HZ	TA

General Comment:

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:

Multiple Spills and Releases?

Fencing/:

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Plunger Lift	# 4		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment:	Battery location number: 433149				
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 Facilities

Facility ID: 433147 Type: WELL API Number: 123-37500 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 01/21/2022 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: None

End Surf Csg Pressure: --

Comment: Plumbed to surface.

Corrective Action:

Date:

Facility ID: 433148 Type: WELL API Number: 123-37501 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 01/13/2023 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: None

End Surf Csg Pressure: --

Comment: Plumbed to surface.

Corrective Action:

Date:

Facility ID: 433150 Type: WELL API Number: 123-37502 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 01/13/2023 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 0 Fluid Type: None

End Surf Csg Pressure: --

Comment: Plumbed to surface.

Corrective Action:

Date:

Facility ID: 433152 Type: WELL API Number: 123-37503 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 01/13/2023 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 2 Fluid Type: None

End Surf Csg Pressure: --

Comment: Plumbed to surface.

Corrective Action: _____

Date: _____

Facility ID: 433156 Type: WELL API Number: 123-37505 Status: DG Insp. Status: TA

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: Well not connected with flow line.

Corrective Action: _____

Date: _____

BradenHead

Date of Last Brhd Test: 01/21/2022 Annual Brhd Completed? _____

Last Brhd Test Results Initial Surf Csg Pressure: 16 Fluid Type: None

End Surf Csg Pressure: --

Comment: Plumbed to surface.

Corrective Action: _____

Date: _____