

**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:

07/22/2024

Submitted Date:

07/22/2024

Document Number:

716200253**FIELD INSPECTION FORM**Loc ID 319240 Inspector Name: Carlile, Craig On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_**Operator Information:**ECMC 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:**6 Number of Comments1 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	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
243130	WELL	PR	05/01/2023	OW	123-10921	JIM 2	PR

**General Comment:**[Corrective action wellhead audit.](#)  
[Weeds at wellhead.](#)

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:	
Comment:	
Corrective Action:	Date: _____

<b>Good Housekeeping:</b>		
Type	WEEDS	
Comment:	Weeds at wellhead.	
Corrective Action:	Comply with Rule 606.	Date: 07/31/2024

Overall Good: ☐

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

<b>Fencing/:</b>		
Type	WELLHEAD	
Comment:	Pipe panels	
Corrective Action:		Date:

<b>Equipment:</b>			corrective date
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		40.184930,-104.810470
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

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

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:			Date:

**Flaring:**

Type			
Comment:			
Corrective Action:			Date:

