

**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:

11/05/2024

Submitted Date:

11/05/2024

Document Number:

715800250**FIELD INSPECTION FORM**Loc ID 319025 Inspector Name: Revas, Robbie 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:12 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
,		ECMCInspections@Oxy.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
242732	WELL	SI	10/01/2023	OW	123-10523	NEWTON 1	SI

General Comment:[This is a Wellsite & tank battery Audit/Inspection](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
Comment:	adequate		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	adequate		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	adequate		
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:	Fabricated steel pipe		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bradenhead	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 4		
Comment:	automation		
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		

Comment:		
Corrective Action:		Date:
Type: Gas Meter Run	# 1	
Comment:	Card indicates current calibration	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST		40.144140,-104.944410
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:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	100 BBLS	FIBERGLASS 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:	Shares containment with crude tank			
Corrective Action:				Date:

Wells Served By Facilities Above**AirsID**

API Number	API Number	AirsID
123-10523		

Venting:

Yes/No	NO	
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Comment:			
Corrective Action:		Date:	
Flaring:			
Type			
Comment:			
Corrective Action:		Date:	

Inspected Facilities									
Facility ID:	242732	Type:	WELL	API Number:	123-10523	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="SI, Form 06 ((N)) doc # 403969177"/>									
Corrective Action: <input type="text"/> Date: _____									
BradenHead									
Date of Last Brhd Test: <input type="text" value="06/20/2023"/> Annual Brhd Completed? <input type="text" value="No"/>									
Last Brhd Test Results Initial Surf Csg Pressure: <input type="text" value="2"/> Fluid Type: <input type="text" value="None"/>									
End Surf Csg Pressure: <input type="text" value="--"/>									
Comment: <input type="text" value="Submit test results to the ECMC"/>									
Corrective Action: <input type="text"/> Date: _____									
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Comment: <input type="text"/>						Date: <input type="text"/>
Corrective Action: <input type="text"/>						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

ECMC Comments

Comment	User	Date
Routine Audit/Inspection Any corrective actions from previous Inspections that have not been addressed are still applicable Weather: Cloudy Temperature: 55* Location: Dry.	revasr	11/05/2024

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
715800251	Location photos	https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6774592