

Inspector Name: HICKEY, MIKE

**FORM  
INSP**Rev  
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

01/10/2012

Document Number:

658500050

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                     |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:     |
|                     | <u>413263</u> | <u>412999</u> |               | <u>HICKEY, MIKE</u> |

**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-

**Contact Information:**

| Contact Name     | Phone | Email                        | Comment |
|------------------|-------|------------------------------|---------|
| Kilcrease, Keith |       | keith.kilcrease@anadarko.com |         |

**Compliance Summary:**

QtrQtr: SWNW Sec: 16 Twp: 3N Range: 66W

**Inspector Comment:**

Routine inspection of API# 05-123-30626. Some weeds at wellhead will be a problem if they continue to increase.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      |
|-------------|------|--------|-------------|------------|-----------|--------------------|
| 413253      | WELL | PR     | 07/12/2011  | OW         | 123-30620 | COLAND STATE 5-16  |
| 413263      | WELL | PR     | 03/01/2011  | OW         | 123-30626 | COLAND STATE 32-16 |
| 413264      | WELL | PR     | 01/26/2010  | OW         | 123-30627 | COLAND 41-17       |
| 413280      | WELL | PR     | 01/26/2010  | OW         | 123-30638 | COLAND STATE 12-16 |

**Equipment:**Location Inventory

|                                |                         |                      |                            |
|--------------------------------|-------------------------|----------------------|----------------------------|
| Special Purpose Pits: _____    | Drilling Pits: <u>1</u> | Wells: <u>5</u>      | Production Pits: _____     |
| Condensate Tanks: _____        | Water Tanks: <u>1</u>   | Separators: <u>5</u> | Electric Motors: <u>77</u> |
| Gas or Diesel Motors: <u>4</u> | Cavity Pumps: _____     | LACT Unit: _____     | Pump Jacks: _____          |
| Electric Generators: <u>3</u>  | Gas Pipeline: <u>1</u>  | Oil Pipeline: _____  | Water Pipeline: _____      |
| Gas Compressors: <u>1</u>      | VOC Combustor: <u>1</u> | Oil Tanks: <u>5</u>  | Dehydrator Units: _____    |
| Multi-Well Pits: _____         | Pigging Station: _____  | Flare: <u>1</u>      | Fuel Tanks: <u>7</u>       |

**Location****Lease Road:**

| Type   | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory                |         |                   |      |

**Signs/Marker:**

| Type     | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory                |         |                   |         |
| BATTERY  | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: \_\_\_\_\_

Inspector Name: HICKEY, MIKE

|                    |  |
|--------------------|--|
| Comment:           |  |
| Corrective Action: |  |

|  |      |        |                   |         |
|--|------|--------|-------------------|---------|
| <b>Spills:</b>   |      |        |                   |         |
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

|                  |                             |         |                   |         |
|------------------|-----------------------------|---------|-------------------|---------|
| <b>Fencing/:</b> |                             |         |                   |         |
| Type             | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD         | Satisfactory                |         |                   |         |

|                             |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| <b>Equipment:</b>           |   |                             |         |                   |         |
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Emission Control Device     | 1 | Satisfactory                |         |                   |         |
| Bird Protectors             | 3 | Satisfactory                |         |                   |         |
| Plunger Lift                | 1 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 2 | Satisfactory                |         |                   |         |

|  |              |          |           |                  |  |
|--|--------------|----------|-----------|------------------|--|
| <b>Tanks/Berms:</b> <input type="checkbox"/> New Tank Tank ID: _____ |              |          |           |                  |  |
| Contents   | #            | Capacity | Type      | SE GPS           |  |
| PRODUCED WATER   | 1            | 100 BBLS | STEEL AST | ,                |  |
| S/U/V:   | Satisfactory | Comment: |           |                  |  |
| Corrective Action:   |              |          |           | Corrective Date: |  |

|                        |          |
|------------------------|----------|
| <b>Paint</b>           |          |
| Condition              | Adequate |
| Other (Content) _____  |          |
| Other (Capacity) _____ |          |
| Other (Type) _____     |          |

|                   |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| <b>Berms</b>      |          |                     |                     |                 |
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
| Metal             | Adequate | Walls Sufficent     | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

Inspector Name: HICKEY, MIKE

**Tanks/Berms:**

☐ New Tank

Tank ID: \_\_\_\_\_

| Contents  | # | Capacity | Type      | SE GPS               |
|-----------|---|----------|-----------|----------------------|
| CRUDE OIL | 3 | 300 BBLS | STEEL AST | 40.227300,104.789150 |

|                    |              |                  |  |
|--------------------|--------------|------------------|--|
| S/U/V:             | Satisfactory | Comment:         |  |
| Corrective Action: |              | Corrective 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    |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
| Comment           |  |                 |  |

**Venting:**

|        |         |
|--------|---------|
| Yes/No | Comment |
|        |         |
|        |         |

**Flaring:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------|-----------------------------|---------|-------------------|---------|
|      |                             |         |                   |         |
|      |                             |         |                   |         |

**Predrill**

Location ID: 412999

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

**Wildlife BMPs:**

| BMP Type      | Comment  |
|---------------|--|
| PROPOSED BMPs | <p>Anadarko Petroleum Corporation</p> <p>Stormwater Management Program .i</p> <p>Anadarko has prepared two stormwater management plan ensure our compliance with COGCC and CDPHE stormwater management requirements. The CDPHE stormwater management plan covers construction activities while the COGCC plan covers post construction activities. In order to be in compliance with the stormwater regulations, it is necessary for sediment containment systems to be utilized at our sites. Sediment containment systems consist of best management practices ( BMP's) such as silt fencing, straw bales, erosion control blankets, continuous berms etc. A combination of BMP's may be used at any given site. Anadarko strives to use BMP's that are least intrusive, yet provide the required sediment control and surface water protection. The sediment controls used are determined at the time of construction. Copies of both stormwater management plans are kept at our field office in Evans and our region office in Denver along with a copy at the Colorado Oil and Gas Conservation Commission and are available for inspection.</p> |

**Stormwater:****Comment:** \_\_\_\_\_**Staking:****On Site Inspection (305):****Surface Owner Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Operator Rep. Contact Information:**

Landman Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_

Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

**LGD Contact Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agreed to Attend: \_\_\_\_\_

**Summary of Landowner Issues:****Summary of Operator Response to Landowner Issues:**

Inspector Name: HICKEY, MIKE

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

### Environmental

#### Spills/Releases:

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_  
Comment: \_\_\_\_\_  
Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_  
Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_  
Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

#### Water Well:

Lat \_\_\_\_\_ Long \_\_\_\_\_  
DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

#### Field Parameters:

Sample Location: \_\_\_\_\_

Emission Control Burner (ECB): \_\_\_\_\_

Comment: \_\_\_\_\_

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): \_\_\_\_\_

### Reclamation - Storm Water - Pit

#### Interim Reclamation:

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: DRY LAND

Comment: \_\_\_\_\_

1003a. Debris removed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Waste Material Onsite? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Unused or unneeded equipment onsite? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Pit, cellars, rat holes and other bores closed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors removed? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

Inspector Name: HICKEY, MIKE

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ Segregated soils have been replaced? \_\_\_\_\_

**RESTORATION AND REVEGETATION**

Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ 80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: \_\_\_\_\_

Overall Interim Reclamation \_\_\_\_\_

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: DRY LAND \_\_\_\_\_

Reminder: \_\_\_\_\_

Comment: \_\_\_\_\_

Well plugged \_\_\_\_\_ Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_ No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_ Contoured \_\_\_\_\_ Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_ Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_ Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_ Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date \_\_\_\_\_

Overall Final Reclamation

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
|                  |                 |                         |                       |               |                          |         |

S/U/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_