

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



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Inspection Date:
02/07/2012

Document Number:
658500147

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>298088</u>	<u>336089</u>		<u>HICKEY, MIKE</u>

Operator Information:

OGCC Operator Number:	<u>47120</u>	Name of Operator:	<u>KERR-MCGEE OIL & GAS ONSHORE LP</u>
Address:	<u>P O BOX 173779</u>		
City:	<u>DENVER</u>	State:	<u>CO</u>
		Zip:	<u>80217-</u>

Contact Information:

Contact Name	Phone	Email	Comment
Kilcrease, Keith	/24135	keith.kilcrease@anadarko.com	Production Superintendent

Compliance Summary:

QtrQtr:	<u>SESE</u>	Sec:	<u>12</u>	Twp:	<u>2N</u>	Range:	<u>65W</u>
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Inspector Comment:

Routine inspection of API #05-123-28177.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
242139	WELL	PR	02/01/2011	OG	123-09930	HARKIS POOLING UNIT 2	<input checked="" type="checkbox"/>
298086	WELL	PR	09/27/2009	OW	123-28175	PIONEER 37-12	<input checked="" type="checkbox"/>
298087	WELL	PR	09/11/2009	OW	123-28176	PIONEER 15-12	<input checked="" type="checkbox"/>
298088	WELL	PR	09/30/2009	OW	123-28177	PIONEER 23-12	<input checked="" type="checkbox"/>
298089	WELL	PR	10/15/2009	OW	123-28178	PIONEER 10-12	<input checked="" type="checkbox"/>
298090	WELL	PR	10/08/2009	OW	123-28179	PIONEER 16-12	<input checked="" type="checkbox"/>
298091	WELL	PR	10/07/2009	OW	123-28185	PIONEER 9-12	<input checked="" type="checkbox"/>
336089	LOCATION	AC	04/14/2009		-	HARKIS POOLING UNIT-62N65W 12SESE	<input type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			

Inspector Name: HICKEY, MIKE

WELLHEAD	Satisfactory			
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Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Bird Protectors	2	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Compressor	1	Satisfactory			
Plunger Lift	1	Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	300 BBLs	STEEL AST	40.148010,104.605970

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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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: 336089

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

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:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: <u>242139</u>	API Number: <u>123-09930</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>298086</u>	API Number: <u>123-28175</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>298087</u>	API Number: <u>123-28176</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>298088</u>	API Number: <u>123-28177</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>298089</u>	API Number: <u>123-28178</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>298090</u>	API Number: <u>123-28179</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>298091</u>	API Number: <u>123-28185</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

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: _____
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? _____
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: _____

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: _____