

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

Inspection Date:

02/10/2012

Document Number:

656500073

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|---------------|---------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: HELGELAND, GARY |
| | 249607 | 329477 | | |

Operator Information:OGCC Operator Number: 47120 Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: DENVERState: COZip: 80217-**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|--------|-----------------------------|------------------------------------|
| Eikenberg, Cory | /10318 | cory.eikenberg@anadarko.com | Wattenberg North Prod'n Supervisor |

Compliance Summary:QtrQtr: SWSW Sec: 22 Twp: 3N Range: 67W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 07/21/2008 | 200193394 | PR | PR | S | I | | N |
| 07/31/1995 | 500175136 | BH | PR | | | F | N |
| 02/07/1994 | 500175135 | | PR | | | P | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|----------|--------|-------------|------------|-----------|---------------------|-------------------------------------|
| 249607 | WELL | PR | 11/22/2010 | OG | 123-17410 | MAYER 22-13L | <input checked="" type="checkbox"/> |
| 329477 | LOCATION | AC | 04/14/2009 | | - | MAYER-63N67W 22SWSW | <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: _____ |

LocationEmergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Inspector Name: HELGELAND, GARY

☐ Multiple Spills and Releases?

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| | | |

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

Predrill

Location ID: 329477

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: 249607 API Number: 123-17410 Status: PR Insp. Status: PR

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? <u>Pass</u> | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Waste Material Onsite? <u>Pass</u> | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Unused or unneeded equipment onsite? <u>Pass</u> | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Pit, cellars, rat holes and other bores closed? <u>Pass</u> | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Guy line anchors removed? <u>Pass</u> | CM _____ | |
| | CA _____ | | CA Date _____ |
| | Guy line anchors marked? _____ | CM _____ | |
| | CA _____ | | CA Date _____ |

1003b. Area no longer in use? Pass Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**CroplandTop soil replaced Pass Recontoured Pass Perennial forage re-established PassNon-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

| | |
|------------------------------|------|
| 1003 f. Weeds Noxious weeds? | P |
| Comment: | |
| Overall Interim Reclamation | Pass |

| | |
|---|---|
| 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 | |

| 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: _____ | |