

**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:

04/17/2012

Document Number:

667600206

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>425695</u>	<u>425699</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	/24135	keith.kilcrease@anadarko.com	Production Superintendent

Compliance Summary:

QtrQtr: NWSE Sec: 36 Twp: 1N Range: 68W

Inspector Comment:

Initial inspection of new wells. Wells have been drilled. Site is being completed. The wells are being plumbed with two wells per flow line for oil with poly lines for each well for gas.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
425687	WELL	XX	10/05/2011		123-34463	NORTHGLENN STATE 24-36	X
425688	WELL	XX	10/05/2011		123-34464	NORTHGLENN STATE 33-36	X
425689	WELL	XX	10/05/2011		123-34465	NORTHGLENN STATE 16-36	X
425690	WELL	XX	10/05/2011		123-34466	NORTHGLENN STATE 12-36	X
425691	WELL	XX	10/05/2011		123-34467	NORTHGLENN STATE 39-36	X
425692	WELL	XX	10/05/2011		123-34468	NORTHGLENN STATE 32-36	X
425693	WELL	XX	10/05/2011		123-34469	NORTHGLENN STATE 19-36X	X
425694	WELL	XX	10/05/2011		123-34470	NORTHGLENN STATE 15-36	X
425695	WELL	XX	10/05/2011		123-34471	NORTHGLENN STATE 10-36	X
425696	WELL	XX	10/05/2011		123-34472	NORTHGLENN STATE 23-36	X
425697	WELL	XX	10/05/2011		123-34473	NORTHGLENN STATE 36-36	X
425698	WELL	XX	10/05/2011		123-34474	NORTHGLENN STATE 22-36	X
425699	LOCATION	AC	10/05/2011		-	NORTHGLENN STATE 39-36	
425700	WELL	XX	10/05/2011		123-34475	NORTHGLENN STATE 37-36	X
425701	WELL	XX	10/05/2011		123-34476	NORTHGLENN STATE 13-36	X
425702	WELL	XX	10/05/2011		123-34477	NORTHGLENN STATE 9-36	X
425703	WELL	XX	10/05/2011		123-34478	NORTHGLENN STATE 11-36	X
425714	WELL	XX	10/05/2011		123-34488	NORTHGLENN STATE 14-36	X
425715	WELL	XX	10/05/2011		123-34489	NORTHGLENN STATE 40-36	X

Equipment:**Location Inventory**

Inspector Name: HICKEY, MIKE

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>18</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>18</u>	Separators: <u>18</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>18</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory	Site is still under construction.	Install sign to comply with rule 210.b.	

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

Comment: _____

Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors					

Tanks/Berms:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	200 BBLS	PBV FIBERGLASS	,	
S/U/V:	Satisfactory	Comment: _____			
Corrective Action: Label all tanks with contents and capacity.				Corrective Date:	

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

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

Inspector Name: HICKEY, MIKE

Tanks/Berms: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	12	300 BBLS	STEEL AST	40.001810,104.950710

S/U/V:	Satisfactory	Comment:	Site is still under construction.
Corrective Action:	Label tanks with contents and capacity.	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: 425699

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:**

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 425687 API Number: 123-34463 Status: XX Insp. Status: WO

Facility ID: 425688 API Number: 123-34464 Status: XX Insp. Status: WO

Facility ID: 425689 API Number: 123-34465 Status: XX Insp. Status: WO

Facility ID: 425690 API Number: 123-34466 Status: XX Insp. Status: WO

Facility ID: 425691 API Number: 123-34467 Status: XX Insp. Status: WO

Facility ID: 425692 API Number: 123-34468 Status: XX Insp. Status: WO

Inspector Name: HICKEY, MIKE

Facility ID:	425693	API Number:	123-34469	Status:	XX	Insp. Status:	WO
Facility ID:	425694	API Number:	123-34470	Status:	XX	Insp. Status:	WO
Facility ID:	425695	API Number:	123-34471	Status:	XX	Insp. Status:	WO
Facility ID:	425696	API Number:	123-34472	Status:	XX	Insp. Status:	WO
Facility ID:	425697	API Number:	123-34473	Status:	XX	Insp. Status:	WO
Facility ID:	425698	API Number:	123-34474	Status:	XX	Insp. Status:	WO
Facility ID:	425700	API Number:	123-34475	Status:	XX	Insp. Status:	WO
Facility ID:	425701	API Number:	123-34476	Status:	XX	Insp. Status:	WO
Facility ID:	425702	API Number:	123-34477	Status:	XX	Insp. Status:	WO
Facility ID:	425703	API Number:	123-34478	Status:	XX	Insp. Status:	WO
Facility ID:	425714	API Number:	123-34488	Status:	XX	Insp. Status:	WO
Facility ID:	425715	API Number:	123-34489	Status:	XX	Insp. Status:	WO

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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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: IRRIGATED

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: IRRIGATED _____

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 _____

Inspector Name: HICKEY, MIKE

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: