

FORM
INSPRev
05/11

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Inspection Date:

05/01/2012

Document Number:

667600248

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|-------------|--------|---------------|-----------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | 416089 | 336220 | | HICKEY, MIKE |

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: SENW Sec: 36 Twp: 3N Range: 68W

Inspector Comment:

Regular inspection of API #05-123-31257, Carma 3-36.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-----------------------------|---|
| 251524 | WELL | PR | 03/21/1997 | OW | 123-19327 | STATE OF COLROADO BB UNIT 1 | X |
| 275424 | WELL | PR | 02/06/2007 | LO | 123-22636 | HAMLIN STATE 6-36 | X |
| 416089 | WELL | PR | 12/12/2011 | | 123-31257 | CARMA 3-36 | X |
| 416117 | WELL | PR | 11/11/2011 | GW | 123-31282 | CARMA 5-36 | X |
| 416124 | WELL | PR | 12/12/2011 | GW | 123-31287 | CARMA 12-36 | X |
| 417663 | WELL | PR | 12/12/2011 | GW | 123-31710 | CARMA 21-36 | X |
| 417669 | WELL | PR | 12/13/2011 | | 123-31714 | CARMA 32-36 | X |
| 417671 | WELL | PR | 12/12/2011 | GW | 123-31716 | CARMA 22-36 | X |

Equipment:

Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: 8 | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: 1 | Separators: 8 | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: _____ |
| Electric Generators: _____ | Gas Pipeline: 1 | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: 1 | Oil Tanks: 8 | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: 1 | Fuel Tanks: 8 |

Location

Signs/Marker:

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

Inspector Name: HICKEY, MIKE

| | | | | |
|----------|----------------|---|---|------------|
| WELLHEAD | Satisfactory | All other wellheads on this location are adequately signed. | | |
| WELLHEAD | Unsatisfactory | The wellhead fence for the Hamlin State 16-36 has been dismantled and is leaning against the State of Colorado BB Unit #1 fence. The wellhead sign is on that dismantled fence. | Install sign to comply with rule 210.b. | 07/31/2012 |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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

| Fencing/: | | | | |
|-----------|-----------------------------|---------|---|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Unsatisfactory | | Reinstall dismantled fence on Hamlin State 16-36. | 07/31/2012 |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Horizontal Heated Separator | 3 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Bird Protectors | 4 | Satisfactory | | | |
| Emission Control Device | 1 | Satisfactory | | | |
| Plunger Lift | 8 | Satisfactory | | | |
| Compressor | 1 | Satisfactory | | | |

Inspector Name: HICKEY, MIKE

| | | | | |
|--------------------|--------------|-----------------------------------|------------------|--------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | OTHER | PBV FIBERGLASS | , |
| S/U/V: | Satisfactory | | Comment: | |
| Corrective Action: | | | Corrective Date: | |

Paint

| | |
|-----------|--|
| Condition | |
|-----------|--|

Other (Content) _____

Other (Capacity) 270 _____

Other (Type) _____

Berms

| | | | | |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |

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

Comment _____

| | | | | |
|--|----------------|-----------------------------------|---|----------------------|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 5 | OTHER | STEEL AST | 40.184830,104.955510 |
| S/U/V: | Unsatisfactory | | Comment: Crude oil/condensate tanks are not labelled. | |
| Corrective Action: Label all vessels with contents and capacity. | | | Corrective Date: 06/01/2012 | |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) 315 _____

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: 336220

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|--------|---------|---|------------|
| Agency | caplank | Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required. | 02/15/2010 |

Comment:**CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****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:****Facility**

Facility ID: 251524 API Number: 123-19327 Status: PR Insp. Status: PR

Facility ID: 275424 API Number: 123-22636 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

| | | | |
|---------------------|-----------------------|------------|------------------|
| Facility ID: 416089 | API Number: 123-31257 | Status: PR | Insp. Status: PR |
| Facility ID: 416117 | API Number: 123-31282 | Status: PR | Insp. Status: PR |
| Facility ID: 416124 | API Number: 123-31287 | Status: PR | Insp. Status: PR |
| Facility ID: 417663 | API Number: 123-31710 | Status: PR | Insp. Status: PR |
| Facility ID: 417669 | API Number: 123-31714 | Status: PR | Insp. Status: PR |
| Facility ID: 417671 | API Number: 123-31716 | 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:

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: 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 _____

Inspector Name: HICKEY, MIKE

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: 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | | | | | |

Inspector Name: HICKEY, MIKE

| | | | |
|----------|-------------|------------------|-------|
| S/U/V: | _____ | Corrective Date: | _____ |
| Comment: | <div></div> | | |
| CA: | <div></div> | | |