

Inspector Name: HICKEY, MIKE

**FORM
INSP**Rev
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



DE	ET	OE	ES
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Inspection Date:

05/07/2012

Document Number:

667600271

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>250477</u>	<u>330054</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: <u>SWSW</u>	Sec: <u>31</u>	Twp: <u>3N</u>	Range: <u>65W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/11/2002	200024198	PR	PR	S		P	N
02/08/1996	500177250	PR	PR			P	N

Inspector Comment:

Plugging observation Stub at 6300'. Tubing plugged. POOH

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
250477	WELL	PR	08/04/2001	OW	123-18280	HSR-LLOYD CAMP 13-31	<input checked="" type="checkbox"/>
414740	WELL	PR	12/15/2010		123-30828	CAMP 35-31	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>2</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>2</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: <u>3</u>	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: <u>2</u>

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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Spills:				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

Fencing:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			
WELLHEAD	Satisfactory	X2		

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

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents		#	Capacity	Type	SE GPS
CRUDE OIL		1	300 BBLS	STEEL AST	40.176200,104.715370
S/U/V:	Satisfactory		Comment:		
Corrective Action:					Corrective Date:

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

<u>Berms</u>					
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:	330054
Site Preparation:	

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Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	kubeczkod	Land Assessment COAs Acknowledged by Operator: COA 5 - Operator must implement best management practices to contain any unintentional release of fluids.	11/13/2009
Agency	kubeczkod	Land Assessment COAs Acknowledged by Operator: COA 2 - Location may be in a sensitive area due to shallow groundwater; therefore if drilling pits intercept groundwater the pit must be lined or a closed loop system must be used.	11/13/2009

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:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 250477 API Number: 123-18280 Status: PR Insp. Status: SI

Facility ID: 414740 API Number: 123-30828 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: IMPROVED PASTURE

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 REVEGETATIONCropland

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: IMPROVED PASTURE _____

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: _____