

**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 |
|----|----|----|----|

Inspection Date:

06/29/2012

Document Number:

667600503

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                     |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:     |
|                     | <u>250155</u> | <u>329868</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                   |
|--------------------|--------------|--------------------------------|---------------------------|
| Cocciolone, Ashley | 720-929-6625 | Ashley.Cocciolone@anadarko.com |                           |
| Kilcrease, Keith   | /24135       | keith.kilcrease@anadarko.com   | Production Superintendent |
| Avant, Paul        | 720-929-6457 | Paul.Avant@anadarko.com        |                           |

**Compliance Summary:**

| QtrQtr:    | <u>NWNW</u> | Sec:       | <u>11</u>   | Twp:                         | <u>3N</u> | Range:         | <u>67W</u>      |
|------------|-------------|------------|-------------|------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num     | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I  | Pas/Fail (P/F) | Violation (Y/N) |
| 01/30/2007 | 200105015   | PR         | PR          | S                            |           | P              | N               |
| 03/20/1996 | 500176463   | PR         | PR          |                              |           |                |                 |
| 04/13/1994 | 500176462   |            | PR          |                              |           | P              | N               |
| 03/15/1994 | 500176461   |            | WO          |                              |           | F              | N               |

**Inspector Comment:**

Routine inspection of API #05-123-17958, HSR-PESCO 4-11.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------------------------------|
| 250155      | WELL | PR     | 04/07/1994  | OW         | 123-17958 | HSR-PESCO 4-11 | <input checked="" 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**

Inspector Name: HICKEY, MIKE

| <b>Signs/Marker:</b> |                             |         |                   |         |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| WELLHEAD             | Satisfactory                |         |                   |         |
| BATTERY              | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) Unsatisfactory Corrective Date: 07/31/2012

Comment:

Corrective Action:

**Spills:**

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

| <b>Fencing/:</b> |                             |         |                   |         |
|------------------|-----------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| SEPARATOR        | Satisfactory                |         |                   |         |
| TANK BATTERY     | Satisfactory                |         |                   |         |
| WELLHEAD         | Satisfactory                |         |                   |         |

| <b>Equipment:</b>           |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Bird Protectors             | 1 | Satisfactory                |         |                   |         |
| Plunger Lift                | 1 |                             |         |                   |         |
| Gas Meter Run               | 1 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                |         |                   |         |

**Facilities:** ☐ New Tank Tank ID:

| Contents       | # | Capacity | Type           | SE GPS |
|----------------|---|----------|----------------|--------|
| PRODUCED WATER | 1 | 100 BBLS | PBV FIBERGLASS | ,      |

S/U/V:  Comment:

Corrective Action:  Corrective Date:

**Paint**

| Condition        |                      |
|------------------|----------------------|
| Other (Content)  | <input type="text"/> |
| Other (Capacity) | <input type="text"/> |
| Other (Type)     | <input type="text"/> |

**Berms**

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

Corrective Action:  Corrective Date:

Comment:

Inspector Name: HICKEY, MIKE

|                        |                             |                                   |                     |                      |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| CRUDE OIL              | 1                           | 300 BBLS                          | STEEL AST           | 40.241920,104.863100 |  |
| S/U/V:                 | Satisfactory                |                                   | Comment:            |                      |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:     |  |
| <b>Paint</b>           |                             |                                   |                     |                      |  |
| Condition              | Adequate                    |                                   |                     |                      |  |
| Other (Content) _____  |                             |                                   |                     |                      |  |
| Other (Capacity) _____ |                             |                                   |                     |                      |  |
| Other (Type) _____     |                             |                                   |                     |                      |  |
| <b>Berms</b>           |                             |                                   |                     |                      |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance          |  |
| Earth                  | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate             |  |
| Corrective Action      |                             |                                   |                     | Corrective Date      |  |
| Comment                |                             |                                   |                     |                      |  |
| <b>Venting:</b>        |                             |                                   |                     |                      |  |
| Yes/No                 |                             | Comment                           |                     |                      |  |
|                        |                             |                                   |                     |                      |  |
| <b>Flaring:</b>        |                             |                                   |                     |                      |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date              |  |
|                        |                             |                                   |                     |                      |  |

**Predrill**

Location ID: 329868

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****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: 250155 Type: WELL API Number: 123-17958 Status: PR Insp. Status: PR

**Producing Well**

Comment: \_\_\_\_\_

**Environmental****Spills/Releases:**

Inspector Name: HICKEY, MIKE

|  |                              |                               |
|--|------------------------------|-------------------------------|
| Type of Spill: _____   | Description: _____           | Estimated Spill Volume: _____ |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |                              |                               |
| Corrective Action: _____   |                              | Date: _____                   |
| Reportable: _____  | GPS: Lat _____               | Long _____                    |
| Proximity to Surface Water: _____  | Depth to Ground Water: _____ |                               |

|                        |                   |             |            |
|------------------------|-------------------|-------------|------------|
| <b>Water Well:</b>     |                   | Lat _____   | Long _____ |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ |            |

|                          |
|--------------------------|
| <b>Field Parameters:</b> |
|--------------------------|

|                        |
|------------------------|
| Sample Location: _____ |
|------------------------|

|   |
|---|
| Emission Control Burner (ECB): _____                            |
| Comment: _____  |
| Pilot: _____ Wildlife Protection Devices (fired vessels): _____ |

**Reclamation - Storm Water - Pit**

|  |   |
|--|---|
| <b>Interim Reclamation:</b>  |   |
| Date Interim Reclamation Started: _____  | Date Interim Reclamation Completed: _____   |
| Land Use: _____  |   |
| Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |   |
| 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   |   |
| <u>Cropland</u>  |   |

Inspector Name: HICKEY, MIKE

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: \_\_\_\_\_