

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



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|----|----|----|----|
| DE | ET | OE | ES |
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Inspection Date:
08/01/2012

Document Number:
667600608

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>421007</u> | <u>421013</u> | | <u>HICKEY, MIKE</u> |

Operator Information:

| | | | |
|-----------------------|-----------------------|-------------------|--|
| OGCC Operator Number: | <u>47120</u> | Name of Operator: | <u>KERR-MCGEE OIL & GAS ONSHORE LP</u> |
| Address: | <u>P O BOX 173779</u> | | |
| City: | <u>DENVER</u> | State: | <u>CO</u> |
| | | Zip: | <u>80217-</u> |

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: SWSE Sec: 17 Twp: 3N Range: 67W

Inspector Comment:

Routine inspection of API #05-123-32783, Sekich #37-17 et al multi-well location. Large number of frac tanks on location.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 421004 | WELL | PR | 05/16/2011 | OW | 123-32781 | SEKICH 36-17 | <input checked="" type="checkbox"/> |
| 421006 | WELL | PR | 05/15/2011 | | 123-32782 | SEKICH 20-17 | <input checked="" type="checkbox"/> |
| 421007 | WELL | PR | 05/14/2011 | | 123-32783 | SEKICH 37-17 | <input checked="" type="checkbox"/> |
| 421009 | WELL | PR | 05/15/2011 | | 123-32784 | SEKICH 35-17 | <input checked="" type="checkbox"/> |
| 421010 | WELL | PR | 05/15/2011 | | 123-32785 | SEKICH 19-17 | <input checked="" type="checkbox"/> |
| 421015 | WELL | PR | 05/15/2011 | | 123-32787 | SEKICH 23-17 | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| | | | |
|------------------------------|-------------------------|-----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>6</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>1</u> | Separators: <u>10</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>10</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 |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory | X6 | | |

Inspector Name: HICKEY, MIKE

| | | | | |
|----------------------|--------------|----|--|--|
| TANK LABELS/PLACARDS | Satisfactory | | | |
| BATTERY | Satisfactory | X6 | | |

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------|-----------------------------|---------|--------------------|------------|
| STORAGE OF SUPL | Unsatisfactory | | remove frac tanks. | 10/01/2012 |

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 | | | |
| IGNITOR/COMBUST OR | Satisfactory | | | |
| WELLHEAD | Satisfactory | X6 | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Horizontal Heated Separator | 1 | Satisfactory | | | |
| Plunger Lift | 6 | Satisfactory | | | |
| Compressor | 1 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Dehydrator | 1 | Satisfactory | | | |
| Emission Control Device | 1 | Satisfactory | | | |
| Bird Protectors | 4 | Satisfactory | | | |

| | | | | |
|--------------------|----------------|-----------------------------------|---------------------|------------------|
| 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: |
| <u>Paint</u> | | | | |
| Condition | | | | |
| Other (Content) | _____ | | | |
| Other (Capacity) | 210 Bbl. _____ | | | |
| Other (Type) | _____ | | | |
| <u>Berms</u> | | | | |
| 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 | 4 | 300 BBLS | STEEL AST | 40.219180,104.913700 |
| S/U/V: | Satisfactory | Comment: | | |
| Corrective Action: | | | | Corrective Date: |
| <u>Paint</u> | | | | |
| Condition | Adequate | | | |
| Other (Content) | _____ | | | |
| Other (Capacity) | _____ | | | |
| Other (Type) | _____ | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate | Walls Sufficent | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

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

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

Predrill

Location ID: 421013

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

| Group | User | Comment | Date |
|-------|--------|---|------------|
| OGLA | youngr | Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required. | 12/13/2010 |

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: 421004 Type: WELL API Number: 123-32781 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 421006 Type: WELL API Number: 123-32782 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 421007 Type: WELL API Number: 123-32783 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 421009 Type: WELL API Number: 123-32784 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 421010 Type: WELL API Number: 123-32785 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 421015 Type: WELL API Number: 123-32787 Status: PR Insp. Status: PR

Producing Well

Comment: _____

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? Pass CM _____
 CA _____ CA Date _____
 Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? Fail CM _____
 CA remove frac tanks. CA Date 10/01/2012
 Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? In
 1003c. Compacted areas have been cross ripped? In
 1003d. 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? In
 Production areas have been stabilized? Pass Segregated soils have been replaced? In

RESTORATION AND REVEGETATION

Cropland

Top soil replaced In Recontoured In Perennial forage re-established In

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? I

Comment: _____

Overall Interim Reclamation In Process

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 _____

Comment: _____

Inspector Name: HICKEY, MIKE

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: _____