

**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:

08/06/2012

Document Number:

667600633

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                     |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:     |
|                     | <u>414999</u> | <u>328486</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                   |
|--------------------|--------------|--------------------------------|---------------------------|
| Avant, Paul        | 720-929-6457 | Paul.Avant@anadarko.com        |                           |
| Cocciolone, Ashley | 720-929-6625 | Ashley.Cocciolone@anadarko.com |                           |
| Kilcrease, Keith   | /24135       | keith.kilcrease@anadarko.com   | Production Superintendent |

**Compliance Summary:**

QtrQtr: NWSE Sec: 16 Twp: 3N Range: 67W

**Inspector Comment:**

Routine inspection of API #05-123-30945, Burchfield State #25-16.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name          |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------------|-------------------------------------|
| 248251      | WELL | PR     | 10/07/1992  | OW         | 123-16049 | HSR-DANTZKER 10-16     | <input checked="" type="checkbox"/> |
| 414999      | WELL | PR     | 10/23/2010  |            | 123-30945 | BURCHFIELD STATE 25-16 | <input checked="" type="checkbox"/> |
| 415187      | WELL | AL     | 04/11/2012  |            | 123-31005 | BURCHFIELD STATE 36-16 | <input checked="" type="checkbox"/> |
| 415190      | WELL | PR     | 10/27/2010  |            | 123-31006 | BURCHFIELD STATE 23-16 | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                              |                         |                      |                         |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: <u>1</u> | Wells: <u>4</u>      | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: <u>1</u>   | Separators: <u>4</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>4</u>  | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____  | Flare: <u>1</u>      | Fuel Tanks: <u>4</u>    |

**Location****Signs/Marker:**

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

Inspector Name: HICKEY, MIKE

|          |              |  |  |  |
|----------|--------------|--|--|--|
| WELLHEAD | Satisfactory |  |  |  |
|----------|--------------|--|--|--|

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

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

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

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

**Fencing:**

| Type                  | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------|-----------------------------|---------|-------------------|---------|
| WELLHEAD              | Satisfactory                | X3      |                   |         |
| IGNITOR/COMBUST<br>OR |                             |         |                   |         |
| SEPARATOR             | Satisfactory                |         |                   |         |

**Equipment:**

| Type                           | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------------------------|---|-----------------------------|---------|-------------------|---------|
| Gas Meter Run                  | 1 | Satisfactory                |         |                   |         |
| Plunger Lift                   | 3 | Satisfactory                |         |                   |         |
| Emission Control<br>Device     | 1 | Satisfactory                |         |                   |         |
| Horizontal Heated<br>Separator | 1 | Satisfactory                |         |                   |         |
| Bird Protectors                | 2 | Satisfactory                |         |                   |         |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

| Contents            | # | Capacity | Type | SE GPS           |
|---------------------|---|----------|------|------------------|
| PRODUCED WATER      | 1 | OTHER    |      | ,                |
| S/U/V: Satisfactory |   | Comment: |      |                  |
| Corrective Action:  |   |          |      | Corrective Date: |

**Paint**

|                  |          |
|------------------|----------|
| Condition        |          |
| Other (Content)  | _____    |
| Other (Capacity) | 210 Bbl. |
| Other (Type)     | _____    |

**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              | 2                           | 300 BBLS                          | STEEL AST           | 40.222320,104.894520 |  |
| 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          |  |
| Metal                  | 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              |  |
| Ignitor/Combustor      | Satisfactory                |                                   |                     |                      |  |

**Predrill**

Location ID: 328486

**Site Preparation:**

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

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

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

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

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

**Form 2A COAs:**

| Group  | User   | Comment                                                                                                                                   | Date       |
|--------|--------|-------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Agency | scottp | Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required. | 12/10/2009 |

**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:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Facility**

Facility ID: 248251 Type: WELL API Number: 123-16049 Status: PR Insp. Status: PR

**Producing Well**

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

Inspector Name: HICKEY, MIKE

Facility ID: 414999 Type: WELL API Number: 123-30945 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 415187 Type: WELL API Number: 123-31005 Status: AL Insp. Status: AL

Facility ID: 415190 Type: WELL API Number: 123-31006 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: IMPROVED PASTURE

Comment:

1003a. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? Pass CM

CA CA Date

Unused or unneeded equipment onsite? Pass CM

CA CA Date

Pit, cellars, rat holes and other bores closed? Pass CM

CA CA Date

Guy line anchors removed? Pass CM

Inspector Name: HICKEY, MIKE

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

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? Pass

#### RESTORATION AND REVEGETATION

##### Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

##### Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

1003 f. Weeds Noxious weeds? P

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

Overall Interim Reclamation In Process

#### **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 \_\_\_\_\_ Multi-Well Location ☐

#### **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: \_\_\_\_\_

