

FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		DE	ET	OE	ES
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FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>HICKEY, MIKE</u>
	<u>269135</u>	<u>331958</u>		

Inspection Date: 08/28/2012

Document Number: 667600729

Overall Inspection: Satisfactory

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	

Compliance Summary:

QtrQtr: SWSW Sec: 34 Twp: 3N Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/10/2006	200086322	PR	PR	S		P	N

Inspector Comment:

Routine inspection of API #05-123-21627, Mayer #13-34. Rattler wells on site have been frac'd, and are being flowed back.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
269135	WELL	PR	07/21/2011	OW	123-21627	MAYER 13-34	<input checked="" type="checkbox"/>
427101	WELL	XX	12/27/2011		123-34865	RATTLER 4N-34HZ	<input checked="" type="checkbox"/>
427102	WELL	XX	12/27/2011		123-34866	RATTLER 4C-34HZ	<input checked="" type="checkbox"/>
427104	WELL	XX	12/27/2011		123-34868	RATTLER 26N-33HZX	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>2</u>	Wells: <u>4</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>3</u>
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

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			

WELLHEAD	Unsatisfactory	Four wells on location all lack any identification. Mayer 13-34 sign is hung on the William Mayer Gas Unit #1 wellhead fence near the tank battery.	Install signs to comply with rule 210.b.	11/01/2012
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: Site was manned 24/7

Corrective Action: _____

Spills:

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

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Compressor	3	Satisfactory			
LACT	1	Satisfactory			
Plunger Lift	4	Satisfactory			
Emission Control Device	3	Satisfactory			
Bird Protectors	9	Satisfactory			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.176660,104.768730

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	<u>Adequate</u>
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	400 BBLS	STEEL AST	,
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
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	6	OTHER	STEEL AST	,
S/U/V:	Satisfactory		Comment:	
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	537 Bbl.			
Other (Type)	_____			
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 331958

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: 269135 Type: WELL API Number: 123-21627 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____
 Observation: _____ Other: _____
 Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 427101 Type: WELL API Number: 123-34865 Status: XX Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: HYDRAULIC FRAC
 Observation: _____ Other: _____
 Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 427102 Type: WELL API Number: 123-34866 Status: XX Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: HYDRAULIC FRAC
 Observation: _____ Other: _____
 Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 427104 Type: WELL API Number: 123-34868 Status: XX Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: HYDRAULIC FRAC
 Observation: _____ Other: _____
 Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

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:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS: _____

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: OTHER

Comment:

1003a. Debris removed? In CM

CA CA Date

Waste Material Onsite? In CM

CA CA Date

Unused or unneeded equipment onsite? In CM

CA CA Date

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

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?

Production areas have been stabilized? In Segregated soils have been replaced? In

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Recontoured Perennial forage re-established

Non-Cropland

Top soil replaced In Recontoured In 80% Revegetation In

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Inspector Name: HICKEY, MIKE

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: OTHER _____

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
Berms		Gravel	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: Goliath/titan tank does not have secondary containment.

CA: _____