

**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:

10/05/2012

Document Number:

663400960

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>286199</u>	<u>417652</u>		<u>EDELEN, RANDY</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	Regulatory Supervisor
Avant, Paul	(720) 929-6457	Paul.Avant@anadarko.com	Compliance Regulatory Analyst

Compliance Summary:

QtrQtr: NWSE		Sec: 11	Twp: 3N		Range: 65W		
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/03/2008	200196396	PR	PR	S	I		N

Inspector Comment:

Producing wells and shared facilities

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
249359	WELL	PR	01/02/1998	OW	123-17161	HSR-LIBBY 11-11	<input checked="" type="checkbox"/>
249360	WELL	PR	01/02/1998	OG	123-17162	HSR-BOST 12-11	<input checked="" type="checkbox"/>
249361	WELL	PR	04/27/1999	OG	123-17163	HSR-KATE 13-11	<input checked="" type="checkbox"/>
249362	WELL	PR	07/17/2002	OW	123-17164	HSR-NICHOLAS 14-11	<input checked="" type="checkbox"/>
286199	WELL	PR	04/17/2010	GW	123-24139	FRICO 23-11	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>8</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>8</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: <u>8</u>

Location

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

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

Comment: Previously verified

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
Crude Oil	Tank	<= 5 bbls	Remove or remediate stained soil	11/30/2012

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory			
IGNITOR/COMBUST OR	Satisfactory			
WELLHEAD	Satisfactory	Frico 23-11 HSR-Libby 11-11 HSR-Bost 12-11 HSR-Kate 13-11 HSR-Nicholas 14-11		
TANK BATTERY	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	4	Satisfactory			
Emission Control Device	1	Satisfactory			
Plunger Lift	5	Satisfactory			
Flow Line	5	Satisfactory			
Gas Meter Run	5	Satisfactory			
Bird Protectors	5	Satisfactory			

Inspector Name: EDELEN, RANDY

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	PBV FIBERGLASS	,
S/U/V:	Satisfactory	Comment:	210 bbl Frico 23-11 HSR-Libby 11-11 HSR-Bost 12-11 HSR-Kate 13-11 HSR-Nicholas 14-11 Frico 12-11 Frico 33-11 Frico 38-10 Frico 9-10A	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
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Comment	See steel tank for inspection of common berm
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	3	300 BBLS	STEEL AST	40.236360,-104.630510
S/U/V:	Satisfactory	Comment:	Frico 23-11 HSR-Libby 11-11 HSR-Bost 12-11 HSR-Kate 13-11 HSR-Nicholas 14-11 Frico 12-11 Frico 33-11 Frico 38-10 Frico 9-10A	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action	Corrective Date
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Comment	
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Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 417652

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	walkerv	For installation of the tank battery, no surface occupancy or construction within 0.25 mile of any active bald eagle winter night roost site, where there is no direct line of sight to the roost, between December 1 and February 28 and within 0.5 mile of any active bald eagle winter night roost site, where there is a direct line of sight to the roost, between December 1 and February 28	05/18/2010
Agency	walkerv	Within 0.5 mile of any active bald eagle winter roost site from November 15 to March 15, visits within the buffer zone should be limited to the period between 10:00 a.m. and 2:00 p.m	05/18/2010
Agency	walkerv	Operator must implement best management practices to contain any unintentional release of fluids	04/30/2010
Agency	walkerv	Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment of the largest tank.	04/30/2010

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: 249359 Type: WELL API Number: 123-17161 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 249360 Type: WELL API Number: 123-17162 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 249361 Type: WELL API Number: 123-17163 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 249362 Type: WELL API Number: 123-17164 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 286199 Type: WELL API Number: 123-24139 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:

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: DRY LAND

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? 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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

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

Final Land Use: DRY LAND _____

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 _____

Inspector Name: EDELEN, RANDY

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: Satisfactory

Corrective Date:

Comment:

CA: