

**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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Inspection Date:

01/08/2013

Document Number:

667601042

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>240812</u>	<u>318184</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	
Avant, Paul	720-929-6457	Paul.Avant@anadarko.com	

**Compliance Summary:**

QtrQtr: SWSW Sec: 2 Twp: 1N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/07/2010	200277588	PR	PR	U			Y
01/23/1999	500163011	PR	PR			P	N
08/20/1997	500163010	PR	PR				
09/28/1994	500163009		PR			P	N

**Inspector Comment:**

Follow up inspection of API #05-123-08600, Phillip Camenisch Gas unit #1. Additional wells have been drilled on this location that are waiting on completion. Production facilities and wellhead location are under construction.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
240812	WELL	PR	02/12/1998	GW	123-08600	PHILLIP CAMENISCH GAS UNIT 1	X
426147	WELL	AL	03/28/2012		123-34594	CAMENISCH 12-2	X
426154	WELL	DG	10/17/2012		123-34595	CAMENISCH 11-2	X
426159	WELL	DG	10/23/2012		123-34597	CAMENISCH 25-2	X
426165	WELL	DG	10/06/2012		123-34599	CAMENISCH 32-2	X
426166	WELL	DG	10/29/2012		123-34600	CAMENISCH 22-2	X
426167	WELL	DG	10/09/2012		123-34601	CAMENISCH 23-2	X
426175	WELL	DG	10/01/2012		123-34602	CAMENISCH 36-2	X

**Equipment:**Location Inventory

Inspector Name: HICKEY, MIKE

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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

#### Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Camenisch Gas Unit #1 has wellhead sign in place.		
WELLHEAD	Unsatisfactory		Install signs to comply with rule 210.b.	03/01/2013

Emergency Contact Number: (S/U/V) Unsatisfactory

Corrective Date: 03/01/2013

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

Corrective Action: Provide emergency contact info at the wellheads.

#### Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

#### Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			

#### Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Plunger Lift	1	Satisfactory	Plunger lift has been dismantled until adjacent wells are completed.		

Inspector Name: HICKEY, MIKE

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	PBV FIBERGLASS	,
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) 75 Bbl. \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
Comment	

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.073540,104.866610
S/U/V:	Satisfactory	Comment:		
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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
Comment	

<b>Venting:</b>		
Yes/No	Comment	
NO		

<b>Flaring:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 318184

**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: 240812 Type: WELL API Number: 123-08600 Status: PR Insp. Status: TA

Inspector Name: HICKEY, MIKE

**Idle Well**

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_  
S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
Comment: Locked/tagged out until adjacent wells are completed.

Facility ID: 426147 Type: WELL API Number: 123-34594 Status: AL Insp. Status: AL

Facility ID: 426154 Type: WELL API Number: 123-34595 Status: DG Insp. Status: WO

**Idle Well**

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_  
S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
Comment: \_\_\_\_\_

Facility ID: 426159 Type: WELL API Number: 123-34597 Status: DG Insp. Status: WO

**Idle Well**

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_  
S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
Comment: \_\_\_\_\_

Facility ID: 426165 Type: WELL API Number: 123-34599 Status: DG Insp. Status: WO

**Idle Well**

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_  
S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
Comment: \_\_\_\_\_

Facility ID: 426166 Type: WELL API Number: 123-34600 Status: DG Insp. Status: WO

**Idle Well**

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_  
S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
Comment: \_\_\_\_\_

Facility ID: 426167 Type: WELL API Number: 123-34601 Status: DG Insp. Status: WO

**Idle Well**

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_  
S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
Comment: \_\_\_\_\_

Facility ID: 426175 Type: WELL API Number: 123-34602 Status: DG Insp. Status: WO

Inspector Name: HICKEY, MIKE

**Idle Well**

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_  
S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_  
CA: \_\_\_\_\_  
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? \_\_\_\_\_ 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? In Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? In

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? In  
Production areas have been stabilized? Pass 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: Camenisch Gas unit #1 production facilities are for that well only. Production facilities for the new wells are yet to be completed.

Overall Interim Reclamation In Process

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: IMPROVED PASTURE _____	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
Corrective Action: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date _____
Overall Final Reclamation <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches	Pass	Gravel	Pass			
S/U/V: <u>Satisfactory</u> Corrective Date: _____ Comment: <input type="text"/> CA: <input type="text"/>						