

**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:

01/24/2013

Document Number:

667601082

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>422036</u>	<u>422040</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	

Compliance Summary:

QtrQtr: NWSE Sec: 32 Twp: 2N Range: 66W

Inspector Comment:

First time inspection of API #05-123-33140, Carter #9-32 SX et al multi-well location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
422032	WELL	WO	09/08/2011	GW	123-33136	CARTER 15-32SX	<input checked="" type="checkbox"/>
422034	WELL	PR	11/11/2011	OW	123-33138	CARTER 9-32	<input checked="" type="checkbox"/>
422035	WELL	PR	10/20/2011	OW	123-33139	CARTER 16-32	<input checked="" type="checkbox"/>
422036	WELL	WO	09/13/2011	GW	123-33140	CARTER 9-32SX	<input checked="" type="checkbox"/>
422038	WELL	PR	03/14/2012	OW	123-33141	CARTER 10-32	<input checked="" type="checkbox"/>
422039	WELL	PR	06/05/2012	GW	123-33142	CARTER 15-32	<input checked="" type="checkbox"/>
422042	WELL	PR	11/11/2011	OW	123-33143	CARTER 36-32	<input checked="" type="checkbox"/>
422043	WELL	PR	10/20/2011	OW	123-33144	CARTER 37-32	<input checked="" type="checkbox"/>
422045	WELL	WO	09/13/2011	GW	123-33145	CARTER 16-32SX	<input checked="" type="checkbox"/>
422047	WELL	PR	12/02/2011	OW	123-33147	CARTER 23-32	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>10</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	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

Inspector Name: HICKEY, MIKE

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory	X10		
WELLHEAD	Satisfactory	X10		

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

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
IGNITOR/COMBUST OR	Satisfactory	X2		
SEPARATOR	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	2	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Bird Protectors	6	Satisfactory			
Pump Jack	4	Satisfactory			
Plunger Lift	6	Satisfactory			
Emission Control Device	2	Satisfactory			

Inspector Name: HICKEY, MIKE

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: _____
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 210 Bbl. _____					
Other (Type) _____					
Berms					
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	7	OTHER	STEEL AST	40.092440,104.796010	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action:					Corrective Date: _____
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 315 Bbl. _____					
Other (Type) _____					
Berms					
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: 422040

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: 422032 Type: WELL API Number: 123-33136 Status: WO Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422034 Type: WELL API Number: 123-33138 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

Producing Well

Comment: _____

Facility ID: 422035 Type: WELL API Number: 123-33139 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422036 Type: WELL API Number: 123-33140 Status: WO Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422038 Type: WELL API Number: 123-33141 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422039 Type: WELL API Number: 123-33142 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422042 Type: WELL API Number: 123-33143 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422043 Type: WELL API Number: 123-33144 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422045 Type: WELL API Number: 123-33145 Status: WO Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 422047 Type: WELL API Number: 123-33147 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: DRY LAND

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? Pass1003c. Compacted areas have been cross ripped? Pass

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? InProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

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

Non-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation In1003 f. Weeds Noxious weeds? P

Comment: _____

Overall Interim Reclamation In Process**Final Reclamation/ Abandoned Location:**

Inspector Name: HICKEY, MIKE

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 _____

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
Seeding	Pass	Gravel	Pass			

S/U/V: Satisfactory _____

Corrective Date: _____

Comment: _____

CA: _____