

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

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			

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

Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422035</u>	Type: <u>WELL</u>	API Number: <u>123-33139</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422036</u>	Type: <u>WELL</u>	API Number: <u>123-33140</u>	Status: <u>WO</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422038</u>	Type: <u>WELL</u>	API Number: <u>123-33141</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422039</u>	Type: <u>WELL</u>	API Number: <u>123-33142</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422042</u>	Type: <u>WELL</u>	API Number: <u>123-33143</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422043</u>	Type: <u>WELL</u>	API Number: <u>123-33144</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422045</u>	Type: <u>WELL</u>	API Number: <u>123-33145</u>	Status: <u>WO</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				
Facility ID: <u>422047</u>	Type: <u>WELL</u>	API Number: <u>123-33147</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <input style="width: 90%;" type="text"/>				

Environmental				
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Spills/Releases:				
Type of Spill: _____	Description: _____	Estimated Spill Volume: _____		
Comment: <input style="width: 90%;" type="text"/>				
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? Pass

1003c. 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? 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: 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: _____