

**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:

08/06/2013

Document Number:

668300635

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>430658</u>	<u>430655</u>	<u>JOHNSON, RANDELL</u>	<input type="checkbox"/> 2A Doc Num: _____

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	O:720-929-6457, C:720-273-2688	paul.avant@anadarko.com	Rockies Regulatory Affairs

Compliance Summary:

QtrQtr: NWNE Sec: 34 Twp: 2N Range: 65W

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
430653	WELL	DG	02/12/2013	LO	123-36235	SPARBOE 7N-3HZ	<input checked="" type="checkbox"/>
430658	WELL	WO	05/23/2013	LO	123-36239	SPARBOE 24N-3HZ	<input checked="" type="checkbox"/>
430659	WELL	DG	02/12/2013	LO	123-36240	SPARBOE 24C-3HZ	<input checked="" type="checkbox"/>
430661	WELL	WO	05/21/2013	LO	123-36242	SPARBOE 7C-3HZ	<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: <u>4</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>4</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
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

TANK LABELS/PLACARDS	Unsatisfactory	Eight steel tanks on east side of location do not have the required contents, capacity or NFPA signage	Install sign to comply with rule 210.d.	09/06/2013
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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
OTHER	Satisfactory	Barbed wire fencing around production tanks, separators, meter runs, VRU's, compressors, auxiliary building, pig station, breaker panels and transformer		
WELLHEAD	Satisfactory	Pipe fencing		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Compressor	2	Satisfactory	SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		
Ancillary equipment	2	Satisfactory	VRU breaker panels/SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		
Gas Meter Run	3	Satisfactory	Pipeline meter runs/SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		
Ancillary equipment	1	Satisfactory	Transformer on concrete slab/SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		

Plunger Lift	1	Satisfactory	SE corner of fence around Sparboe 7N-3HZ wellhead 40.10146, - 104.64590		
Vertical Heated Separator	1	Satisfactory	SE corner of berm around production tanks and vertical separator 40.09973, -104.64423		
Plunger Lift	1	Satisfactory	SE corner of fence around Sparboe 24C-3HZ wellhead 40.10147, - 104.64579		
Horizontal Heated Separator	9	Satisfactory	SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		
Pig Station	1	Satisfactory	SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		
Bird Protectors	13	Satisfactory	Heated separators and ECD's		
Plunger Lift	1	Satisfactory	SE corner of fence around Sparboe 7C-3HZ wellhead 40.10146, - 104.64600		
Plunger Lift	1	Satisfactory	SE corner of fence around Sparboe 24N-3HZ wellhead 40.10147, - 104.64568		
Ancillary equipment	2	Satisfactory	VRU's/SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		
Gas Meter Run	9	Satisfactory	Check meters on outlets of separators/SE corner of fence around separators, meter runs, ECD's, compressors and VRU's 40.10014, - 104.64417		

Inspector Name: JOHNSON, RANDELL

Ancillary equipment	1	Satisfactory	Auxiliary building/SE corner of fence around auxiliary building, pig station and transformer 40.09961, -104.64429		
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Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	40.099730,-104.644230
S/U/V:	Satisfactory	Comment:	Centralized battery services Sparboe 7C-3HZ, 7N-3HZ, 8C-3HZ, 8N-3HZ, 24C-3HZ, 24N-3HZ, 40C-3HZ, 40N-3HZ, Eichthaler #1	

Corrective Action:		Corrective Date:	
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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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Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	OTHER	PBV FIBERGLASS	40.099730,-104.644230
S/U/V:	Satisfactory	Comment:	210 bbls	

Corrective Action:		Corrective Date:	
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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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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	6	300 BBLS	STEEL AST	40.099730,-104.644230	
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	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
OTHER	8	OTHER	STEEL AST	40.099690,-104.644010	
S/U/V:			Comment: Contents and capacity unknown - no signage		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition					
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
<u>Predrill</u>					
Location ID: 430655					
Site Preparation:					
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____	
Corrective Action: _____		Date: _____		CDP Num.: _____	

Form 2A COAs:**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:**

BMP Type	Comment
Planning	Anadarko will provide the Town of Hudson an emergency response plan prior to commencing operations
Drilling/Completion Operations	Anadarko will perform a road impact study for all roads belonging to the Town of Hudson prior to operations and then a second road impact study subsequent to drilling and completion operations. Anadarko will pay for all required fixes to ensure any damaged roads are brought back to their condition prior to our operations.
Site Specific	In conjunction with the Town of Hudson, Anadarko will develop a site specific traffic management plan that will address the following: (1) expected traffic and timing of such traffic, (2) how traffic in busy or sensitive intersections will be managed and mitigated, and (3) what truck traffic restrictions will be put in place, if any
Planning	Anadarko will take appropriate steps to adequately protect valve boxes and manholes located along any of our access roads

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: 430653 Type: WELL API Number: 123-36235 Status: DG Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 430658 Type: WELL API Number: 123-36239 Status: WO Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 430659 Type: WELL API Number: 123-36240 Status: DG Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 430661 Type: WELL API Number: 123-36242 Status: WO Insp. Status: PR

Producing Well

Comment: PR

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: RANGELAND

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? 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? In Production areas stabilized ? In

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? In

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

RESTORATION AND REVEGETATION

Cropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

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: RANGELAND _____

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 ☐

Inspector Name: JOHNSON, RANDELL

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Other	Pass	Other	Pass			Vegetation
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____