

**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

Inspection Date:

06/12/2014

Document Number:

674001115

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	243559	319489	Carlile, Craig	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 47120Name of Operator: KERR MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: DENVER State: CO Zip: 80217-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

Contact Name	Phone	Email	Comment
Avant, Paul	(720) 929-6457	Paul.Avant@Anadarko.com	All Inspections

**Compliance Summary:**QtrQtr: NENW Sec: 21 Twp: 3N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/06/2012	667600628	PR	PR	SATISFACTORY	I		No
04/16/2007	200111579	PR	PR	SATISFACTORY		Pass	No
04/09/2000	200005972	PR	PR	SATISFACTORY		Pass	No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
243559	WELL	PR	07/15/1984	OW	123-11351	ALBERT D KURTZ GU C TRUE 1	PR	<input checked="" type="checkbox"/>
412971	WELL	PR	10/28/2010	OW	123-30578	BURCHFIELD 30-21	PR	<input checked="" type="checkbox"/>
412972	WELL	PR	10/28/2010	OW	123-30579	BURCHFIELD 21-21	PR	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

Special Purpose Pits: <u>      </u>	Drilling Pits: <u>1</u>	Wells: <u>3</u>	Production Pits: <u>      </u>
Condensate Tanks: <u>      </u>	Water Tanks: <u>1</u>	Separators: <u>3</u>	Electric Motors: <u>77</u>
Gas or Diesel Mortors: <u>4</u>	Cavity Pumps: <u>      </u>	LACT Unit: <u>      </u>	Pump Jacks: <u>      </u>
Electric Generators: <u>3</u>	Gas Pipeline: <u>1</u>	Oil Pipeline: <u>      </u>	Water Pipeline: <u>      </u>
Gas Compressors: <u>1</u>	VOC Combustor: <u>1</u>	Oil Tanks: <u>3</u>	Dehydrator Units: <u>      </u>
Multi-Well Pits: <u>      </u>	Pigging Station: <u>      </u>	Flare: <u>1</u>	Fuel Tanks: <u>7</u>

**Location**

Inspector Name: Carlile, Craig

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

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

<b>Fencing/:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Pipe		

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Pig Station	1	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Bird Protectors	3	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Plunger Lift	3	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER		,

S/A/V: \_\_\_\_\_ Comment: **210 Bbl**

Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

**Paint**

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

Other (Capacity) \_\_\_\_\_

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

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment	Shared with Crude Oil Tanks			

Inspector Name: Carlile, Craig

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	3	300 BBLS	STEEL AST	40.216340,-104.898940	
S/A/V:	SATISFACTORY		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<b>Paint</b>					
Condition	_____				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	_____
Comment _____					
<b>Venting:</b>					
Yes/No		Comment			
_____		_____			
<b>Flaring:</b>					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date
_____	_____		_____	_____	_____
<b>Predrill</b>					
Location ID: 243559					
<b>Site Preparation:</b>					
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____	
<b>S/A/V:</b> _____					
Corrective Action: _____		Date: _____		CDP Num.: _____	
<b>Form 2A COAs:</b>					
<b>S/A/V:</b> _____		<b>Comment:</b> _____			
<b>CA:</b> _____				<b>Date:</b> _____	
<b>Wildlife BMPs:</b>					

BMP Type	Comment
PROPOSED BMPs	<p>Anadarko Petroleum Corporation</p> <p>Stormwater Management Program</p> <p>Copies of both stormwater management plans are kept at our field office in Evans and our region office in Denver along with a copy at the Colorado Oil and Gas Conservation Commission and are available for inspection.</p> <p>Anadarko has prepared two stormwater management plans to ensure our compliance with COGCC and CDPHE stormwater management requirements. The CDPHE stormwater management plan covers construction activities while the COGCC plan covers post construction activities. In order to be in compliance with the stormwater regulations, it is necessary for sediment containment systems to be utilized at our sites. Sediment containment systems consist of best management practices (BMP's) such as silt fencing, straw bales, erosion control blankets, continuous berms etc. A combination of BMP's may be used at any given site. Anadarko strives to use BMP's that are least intrusive, yet provide the required sediment control and surface water protection. The sediment controls used are determined at the time of construction.</p>

**S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater:**

**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:**

Inspector Name: Carlile, Craig

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

#### Facility

Facility ID: 243559 Type: WELL API Number: 123-11351 Status: PR Insp. Status: PR

##### Producing Well

Comment: PR

Facility ID: 412971 Type: WELL API Number: 123-30578 Status: PR Insp. Status: PR

##### Producing Well

Comment: PR

Facility ID: 412972 Type: WELL API Number: 123-30579 Status: PR 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:

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

Inspector Name: Carlile, Craig

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? Pass Production areas stabilized ? Pass  
1003c. Compacted areas have been cross ripped? \_\_\_\_\_  
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? \_\_\_\_\_  
Production areas have been stabilized? \_\_\_\_\_ 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? \_\_\_\_\_

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 \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_ Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location ☐ Multi-Well Location ☐

Inspector Name: Carlile, Craig

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Gravel	Pass			

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment:

CA:

**Pits:** ☐ NO SURFACE INDICATION OF PIT