

**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:
10/01/2014Document Number:
668302747Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	417713	417708	JOHNSON, RANDELL	<input type="checkbox"/>	

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-

- ☒ 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
Kilcrease, Keith	970-506-5926	keith.kilcrease@anadarko.com	Production Superintendent
Avant, Paul	O:720-929-6457, C:720-273-2688	paul.avant@anadarko.com	Rockies Regulatory Affairs
Anadarko, KerrMcGee		cogccinspections@anadarko.com	Kerr McGee
Cocciolone, Ashley	720-929-6625	ashley.cocciolone@anadarko.com	Regulatory Supervisor

Compliance Summary:QtrQtr: SWSE Sec: 30 Twp: 2N Range: 68W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
417709	WELL	PR	12/09/2011	OW	123-31725	BRYANT 33-29	SI	<input checked="" type="checkbox"/>
417713	WELL	PR	12/09/2011	OW	123-31729	BRYANT 36-30	SI	<input checked="" type="checkbox"/>
417714	WELL	PR	12/08/2011	OW	123-31730	BRYANT 16-30	SI	<input checked="" type="checkbox"/>
417718	WELL	PR	12/09/2011	OW	123-31732	BRYANT 20-30	SI	<input checked="" type="checkbox"/>
417736	WELL	PR	12/09/2011	OW	123-31736	BRYANT FEDERAL 37-30	SI	<input checked="" type="checkbox"/>
417812	WELL	PR	12/09/2011	OW	123-31755	BRYANT 23-30	SI	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>6</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/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Pipe and rod fencing		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	6	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	40.105920,-105.039430

S/A/V: SATISFACTORY Comment: See related inspection document #668302746 for information concerning shared facilities and equipment

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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action: _____ Corrective Date: _____

Comment: _____

Venting:

Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 417713

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	youngr	Operator must implement best management practices to contain any unintentional release of fluids.	05/20/2010
Agency	youngr	Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	05/20/2010
Agency	youngr	Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required.	05/20/2010

S/A/V: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****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:**Summary of Operator Response to Landowner Issues:****Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:****Facility**

Facility ID: 417709 Type: WELL API Number: 123-31725 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

BradenHead

Comment: Bradenhead is plumbed to the surface.

CA: _____

CA Date: _____

Facility ID: 417713 Type: WELL API Number: 123-31729 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

BradenHead

Comment: Bradenhead is plumbed to the surface.

CA: _____

CA Date: _____

Facility ID: 417714 Type: WELL API Number: 123-31730 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

BradenHead

Comment: Bradenhead is plumbed to the surface.

CA: _____

CA Date: _____

Facility ID: 417718 Type: WELL API Number: 123-31732 Status: PR Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

BradenHead

Comment: Bradenhead is plumbed to the surface.

CA: _____

CA Date: _____

Facility ID: 417736 Type: WELL API Number: 123-31736 Status: PR Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

BradenHead

Comment: Bradenhead is plumbed to the surface.

CA: _____

CA Date: _____

Facility ID: 417812 Type: WELL API Number: 123-31755 Status: PR Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: Producing intermittently

BradenHead

Comment: Bradenhead is plumbed to the surface.

CA: _____

CA Date: _____

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): Y _____

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: DRY LAND			
Comment: <div style="border: 1px solid black; height: 20px;"></div>			
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 ? 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? In Production areas have been stabilized? Pass Segregated soils have been replaced? _____		
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			
	Top soil replaced _____	Recontoured _____	80% Revegetation _____
1003 f.	Weeds Noxious weeds? _____		
Comment: <div style="border: 1px solid black; height: 20px;"></div>			
Overall Interim Reclamation In Process			
<u>Final Reclamation/ Abandoned Location:</u>			
Date Final Reclamation Started: _____		Date Final Reclamation Completed: _____	
Final Land Use: DRY LAND			
Reminder: _____			
Comment: <div style="border: 1px solid black; height: 20px;"></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 _____	

Inspector Name: JOHNSON, RANDELL

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT