

**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:

04/17/2015

Document Number:

670900624

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	301377	302913	Peterson, Tom	<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
,		cogccinspections@anadarko.com	All inspections
Avant, Paul	(720) 929-6457	paul.avant@anadarko.com	All inspections
Koehler, Bob		bob.koehler@state.co.us	
Ellsworth, Stuart		stuart.ellsworth@state.co.us	
Reddy, Luke		luke.reddy@anadarko.com	All inspections

Compliance Summary:QtrQtr: NWSW Sec: 3 Twp: 1N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/01/2014	668301064	IJ	AC	SATISFACTORY	P		No
04/11/2013	667601267	IJ	AC	SATISFACTORY			No
04/10/2012	667600200	IJ	SI	SATISFACTORY			No
08/18/2011	200318955	RT	SI	SATISFACTORY			No
08/16/2010	200266916	RT	SI	SATISFACTORY			No
09/30/2009	200219105	MI	SI	SATISFACTORY			No
07/14/2009	200223281	PR	SI	SATISFACTORY			No

Inspector Comment:See Facility-UIC**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159255	UIC DISPOSAL	AC	10/07/2009		-	KMG 19-3i	AC
301377	WELL	PR	10/10/2014	DSPW	123-30012	KERR-MCGEE 19-3i	AC
416335	WELL	PA	01/17/2013	OW	123-31342	KERR-MCGEE 10-3	PA

Inspector Name: Peterson, Tom

416373	WELL	PR	12/15/2010	GW	123-31352	KERR-MCGEE 19-3	PR	
416377	WELL	PR	12/15/2010	OW	123-31354	KERR-MCGEE 11-3	PR	
416380	WELL	PR	12/14/2010	OW	123-31355	KERR-MCGEE 35-3	PR	
416397	WELL	PR	12/14/2010	OW	123-31360	KERR-MCGEE 33-3	PR	
416406	WELL	PR	12/15/2010	GW	123-31363	KERR-MCGEE 22-3	PR	
416415	WELL	PR	12/14/2010	OW	123-31365	KERR-MCGEE 12-3	PR	
416416	WELL	PR	12/14/2010	GW	123-31366	KERR-MCGEE 15-3	PR	
416417	WELL	PR	12/10/2010	OW	123-31367	KERR-MCGEE 23-3	PR	
416423	WELL	PR	12/14/2010	GW	123-31369	KERR-MCGEE 13-3	PR	
416549	WELL	PR	12/14/2010	GW	123-31406	KERR-MCGEE 14-3	PR	
440326	SPILL OR RELEASE	CL	11/14/2014		-	SPILL/RELEASE POINT	CL	

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>12</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/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
OTHER	SATISFACTORY	Lease road entrance		
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
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?**Facilities:**☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
----------	---	----------	------	--------

Inspector Name: Peterson, Tom

CRUDE OIL	400 BBLs	STEEL AST		
S/A/V:	SATISFACTORY	Comment:		
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content)				
Other (Capacity)				
Other (Type)				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Other	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment	Concrete berm			
Venting:				
Yes/No	Comment			
NO				
Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 301377

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**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: 301377 Type: WELL API Number: 123-30012 Status: PR Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 1020# psi
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: FNTNTC: Pressure or inches of Hg 0# psiPrevious Test Pressure _____ Last MIT: 04/10/2012Brhd: Pressure or inches of Hg 0# psi

Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

BradenHeadComment: Bradenhead is exposed at 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:

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? 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? _____ Production areas stabilized ? _____
 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 REVEGETATIONCropland

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

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

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: Peterson, Tom

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Rip Rap	Pass	Other	Pass			Cattle guards
Ditches	Pass	Other	Pass			Vehicle tracking pad
Gravel	Pass	Gravel	Pass			

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

Comment: _____

CA: _____

Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT
