

**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:

07/06/2015

Document Number:

674002499

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	285059	336065	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
, Reddy		luke.reddy@anadarko.com	
, Inspections		COGCCinspections@Anadarko.com	All Inspections

Compliance Summary:QtrQtr: SWSE Sec: 25 Twp: 3N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/23/2014	674001057	PR	PR	SATISFACTORY	I		No
03/25/2008	200129262	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
242131	WELL	PA	04/24/2014	GW	123-09922	EDWARD RADEMACHER UNIT 2	PA	<input checked="" type="checkbox"/>
285059	WELL	PR	10/15/2006	OW	123-23946	RADEMACHER 15-25	PR	<input checked="" type="checkbox"/>
297367	WELL	SI	09/15/2014	OW	123-27092	RADEMACHER 10-25	SI	<input checked="" type="checkbox"/>
297447	WELL	SI	01/13/2015	OW	123-27141	RADEMACHER 23-25	SI	<input checked="" type="checkbox"/>
297448	WELL	PR	11/13/2008	OW	123-27142	RADEMACHER 39-25	PR	<input checked="" type="checkbox"/>
297451	WELL	SI	01/13/2015	OW	123-27140	RADEMACHER 37-25	SI	<input checked="" type="checkbox"/>
297452	WELL	SI	01/13/2015	OW	123-27146	RADEMACHER 38-25	SI	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: Carlile, Craig

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	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

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

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
TANK BATTERY	SATISFACTORY	Pipe		
WELLHEAD	SATISFACTORY	Chainlink		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LACT	1	SATISFACTORY			
Ancillary equipment	11	SATISFACTORY			
Horizontal Heated Separator	7	SATISFACTORY			
Emission Control Device	4	SATISFACTORY			
Compressor	3	SATISFACTORY			
Horizontal Separator	2	SATISFACTORY			
Plunger Lift	6	SATISFACTORY			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition: _____

Other (Content) _____

Other (Capacity) 210 Bbl _____

Other (Type) _____

Berms

Inspector Name: Carlile, Craig

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Corrective Action					Corrective Date	
Comment	Shared with Crude Oil Tank					
Facilities: <input type="checkbox"/> New Tank Tank ID: _____						
Contents	#	Capacity	Type	SE GPS		
CRUDE OIL	1	300 BBLS	STEEL AST	40.193210,-104.947250		
S/A/V:	SATISFACTORY		Comment:			
Corrective Action:					Corrective Date:	
<u>Paint</u> Condition <input type="text"/> 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						
<u>Venting:</u>						
Yes/No	Comment					
<u>Flaring:</u>						
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date	

Predrill

Location ID: 285059

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: 242131 Type: WELL API Number: 123-09922 Status: PA Insp. Status: PA

Facility ID: 285059 Type: WELL API Number: 123-23946 Status: PR Insp. Status: PR

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

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Sign - Horizontal Activity

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 297367 Type: WELL API Number: 123-27092 Status: SI Insp. Status: SI

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: Sign - Horizontal activity

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 297447 Type: WELL API Number: 123-27141 Status: SI Insp. Status: SI

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: Sign - Horizontal activity

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 297448 Type: WELL API Number: 123-27142 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: Sign - Horizontal activity

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 297451 Type: WELL API Number: 123-27140 Status: SI Insp. Status: SI

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: Sign - Horizontal activity

Inspector Name: Carlile, Craig

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 297452 Type: WELL API Number: 123-27146 Status: SI Insp. Status: SI

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA:

Comment: Sign - Horizontal activity

BradenHead

Comment: Bradenhead plumbed to 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: _____

Comment: _____

1003a. Debris removed? Pass CM _____

CA _____ CA Date _____

Waste Material Onsite? Pass CM _____

CA _____ CA Date _____

Inspector Name: Carlile, Craig

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? _____ 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 _____ 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: _____

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 Corrective Date: _____						
Y _____						
Comment: _____						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

COGCC Comments		
Comment	User	Date
Routine inspection of area. New wells added to battery and conversion to LACT unit.	carlilec	07/06/2015