

**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:
08/19/2015Document Number:
671104788Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	434049	318488	MONTOYA, JOHN	<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
		COGCCinspections@anadarko.com	All Inspections
Avant, Paul	720-929-6475	Paul.Avant@anadarko.com	regulatory
REDDY, LUKE		Luke.Reddy@anadarko.com	ALL INSPECTIONS

Compliance Summary:QtrQtr: NWNE Sec: 15 Twp: 2N Range: 65W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
241396	WELL	PR	02/12/1998	OW	123-09185	UPPR 62 PAN AM GAS UNIT K 1	PA	<input checked="" type="checkbox"/>
434049	WELL	PR	05/11/2015	SI	123-37913	GREENLEAF 15N-15HZ	PR	<input checked="" type="checkbox"/>
434053	WELL	PR	05/11/2015	OW	123-37916	GREENLEAF 36N-15HZ	PR	<input checked="" type="checkbox"/>
434063	WELL	DG	11/20/2014	SI	123-37922	GREENLEAF 37C-15HZ	PR	<input checked="" type="checkbox"/>
434085	WELL	PR	05/11/2015	SI	123-37937	GREENLEAF 16N-15HZX	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>5</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>9</u>	Separators: <u>14</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: <u>1</u>	Pump Jacks: <u>4</u>
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>14</u>	Oil Tanks: <u>25</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>14</u>	Fuel Tanks: _____

Location

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

Emergency Contact Number (S/A/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/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	1" PIPE FENCE		
IGNITOR/COMBUST OR	SATISFACTORY	1" PIPE FENCE		
WELLHEAD	SATISFACTORY	ROD IRON FENCESSE CORNERN40.08700 W-104.38929		
TANK BATTERY	SATISFACTORY	1" PIPE FENCE		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
VRU	2	SATISFACTORY	SE CORNERN40.08966 W-104.38943		
LACT	1	SATISFACTORY	SE CORNERN40.08966 W-104.38943		
Emission Control Device	1	SATISFACTORY	SE CORNERN40.08699 W-104.38943		
Other	2	SATISFACTORY	3-500 BBL FRAC TANKSSE CORNERN40.08791 W-104.38966		
Gas Meter Run	8	SATISFACTORY	SE CORNERN40.08699 W-104.38943		
Plunger Lift	4	SATISFACTORY			
Other	1	SATISFACTORY	41 BBL FLOW BACK TANK AT WELLHEAD FOR SAND TRAP		

Inspector Name: MONTOYA, JOHN

Compressor	1	SATISFACTORY	AIR COMPRESSORSE CORNERN40.08669 W-104.38943		
Horizontal Heater Treater	1	SATISFACTORY	POLISH UNITSE CORNERN40.08699 W-104.38943		
Bird Protectors	8	SATISFACTORY	SE CORNERN40.08699 W-104.38943		
Ancillary equipment	1	SATISFACTORY	METHANOL PUMP		
Vertical Separator	2	SATISFACTORY	SE CORNERN40.08669 -104.38943		
Vertical Separator	1	SATISFACTORY	VERTICAL SAND TRAP		

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLs	PBV FIBERGLASS	,
S/A/V:	SATISFACTORY	Comment:	WATER TANK CAPACITY 210 BBLs	
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				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	300 BBLs	STEEL AST	40.087250,-104.389670
S/A/V:	SATISFACTORY	Comment:		
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				
<u>Venting:</u>				
Yes/No	Comment			
NO				
<u>Flaring:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ignitor/Combustor	SATISFACTORY			

Predrill

Location ID: 434049

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	youngr	The tank battery shall be constructed using an impermeable liner.	08/06/2013

S/A/V: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:**

BMP Type	Comment
Noise mitigation	Kerr-McGee Oil & Gas Onshore LP will utilize stacked hay bales to mitigate the noise impact to the residence NW of the location from the corner of the drill pad to the closest occupied building.
Construction	Kerr McGee will create tertiary containment by constructing an earthen berm between the well pad site and Beebe Seep Canal, located approximately 401' W of PAD, to further protect the surface water.

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: 241396 Type: WELL API Number: 123-09185 Status: PR Insp. Status: PA

Cement**Cement Contractor**

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: WELLHAS BEEN PLUGGED i HAVE NO INFORMATION OF WHEN THEY PLUGGED THE WELL

Facility ID: 434049 Type: WELL API Number: 123-37913 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 434053 Type: WELL API Number: 123-37916 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 434063 Type: WELL API Number: 123-37922 Status: DG Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 434085 Type: WELL API Number: 123-37937 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: IRRIGATED

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 ? Pass

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? _____

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: IRRIGATED

Reminder: _____

Inspector Name: MONTOYA, JOHN

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 ☐

Storm Water:

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

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
INTERMITTER CONTROLLERS ON ALL 4 WELLS,HARKIS 1-15A, PIONEER 31-14, 17-15, 26-15, 27-15, 2-15, 7-15. 21-15, WELLS GO TO THIS BATTERY	montoyaj	08/19/2015