

**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:  
08/27/2015Document Number:  
674002737Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	441354	441359	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
, Reddy		luke.reddy@anadarko.com	
, Inspections		COGCCinspections@Anadarko.com	All Inspections
Avant, Paul	(720) 929-6457	Paul.Avant@Anadarko.com	All Inspections

**Compliance Summary:**QtrQtr: NWNW Sec: 15 Twp: 3N Range: 67W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
441354	WELL	DG	06/05/2015		123-41353	GOOSE STATE 30N-16HZ	DG	<input checked="" type="checkbox"/>
441355	WELL	DG	06/02/2015		123-41354	GOOSE 9N-8HZ	DG	<input checked="" type="checkbox"/>
441356	WELL	DG	06/01/2015		123-41355	GOOSE 9N-A8HZ	DG	<input checked="" type="checkbox"/>
441357	WELL	XX	03/31/2015		123-41356	GOOSE STATE 38C-8HZ	XX	<input checked="" type="checkbox"/>
441358	WELL	DG	06/04/2015		123-41357	GOOSE STATE 16N-8HZ	DG	<input checked="" type="checkbox"/>
441360	WELL	DG	06/03/2015		123-41358	GOOSE 39N-8HZ	DG	<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 Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>6</u>
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**

Inspector Name: Carlile, Craig

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

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

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

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

**Spills:**

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

**Venting:**

Yes/No	Comment

**Flaring:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 441354

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
OGLA	treitzr	Operator shall provide notice to COGCC 48 hours prior to commencing construction of this Oil and Gas Location via Form 42.	03/27/2015

**S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:**

BMP Type	Comment
Planning	The nearest building unit is located 1,449' away from this oil and gas location, therefore it is not within a Designated Setback Location and is exempt from 604.c.

**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: 441354 Type: WELL API Number: 123-41353 Status: DG Insp. Status: DG

**Well Drilling****Rig:** Rig Name: \_\_\_\_\_ Pusher/Rig Manager: \_\_\_\_\_

Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Inspector Name: Carlile, Craig

Pipe Ram: \_\_\_\_\_ Blind Ram: \_\_\_\_\_ Hydril Type: \_\_\_\_\_  
Pressure Test BOP: \_\_\_\_\_ Test Pressure PSI: \_\_\_\_\_ Safety Plan: \_\_\_\_\_  
**Drill Fluids Management:**  
Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: \_\_\_\_\_ Semi-Closed Loop: \_\_\_\_\_  
Multi-Well: \_\_\_\_\_ Disposal Location: \_\_\_\_\_

**Comment:**

Drilling operations have been completed and the first stage of the completion process on date of inspection. Well cap replaced with rented master valve. Schedule for fracking operations to being during the first week in December.  
Company representative on location: Mario Torres.

Facility ID: 441355 Type: WELL API Number: 123-41354 Status: DG Insp. Status: DG

**Well Drilling**

**Rig:** Rig Name: \_\_\_\_\_ Pusher/Rig Manager: \_\_\_\_\_  
Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Pipe Ram: \_\_\_\_\_ Blind Ram: \_\_\_\_\_ Hydril Type: \_\_\_\_\_  
Pressure Test BOP: \_\_\_\_\_ Test Pressure PSI: \_\_\_\_\_ Safety Plan: \_\_\_\_\_

**Drill Fluids Management:**

Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: \_\_\_\_\_ Semi-Closed Loop: \_\_\_\_\_  
Multi-Well: \_\_\_\_\_ Disposal Location: \_\_\_\_\_

**Comment:**

Drilling operations have been completed and the first stage of the completion process on date of inspection. Well cap replaced with rented master valve. Schedule for fracking operations to being during the first week in December.  
Company representative on location: Mario Torres.

Facility ID: 441356 Type: WELL API Number: 123-41355 Status: DG Insp. Status: DG

**Well Drilling**

**Rig:** Rig Name: \_\_\_\_\_ Pusher/Rig Manager: \_\_\_\_\_  
Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Pipe Ram: \_\_\_\_\_ Blind Ram: \_\_\_\_\_ Hydril Type: \_\_\_\_\_  
Pressure Test BOP: \_\_\_\_\_ Test Pressure PSI: \_\_\_\_\_ Safety Plan: \_\_\_\_\_

**Drill Fluids Management:**

Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: \_\_\_\_\_ Semi-Closed Loop: \_\_\_\_\_  
Multi-Well: \_\_\_\_\_ Disposal Location: \_\_\_\_\_

**Comment:**

Drilling operations have been completed and the first stage of the completion process on date of inspection. Well cap replaced with rented master valve. Schedule for fracking operations to being during the first week in December.  
Company representative on location: Mario Torres.

Facility ID: 441357 Type: WELL API Number: 123-41356 Status: XX Insp. Status: XX

**Well Drilling**

**Rig:** Rig Name: \_\_\_\_\_ Pusher/Rig Manager: \_\_\_\_\_  
Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Inspector Name: Carlile, Craig

Pipe Ram: \_\_\_\_\_ Blind Ram: \_\_\_\_\_ Hydril Type: \_\_\_\_\_

Pressure Test BOP: \_\_\_\_\_ Test Pressure PSI: \_\_\_\_\_ Safety Plan: \_\_\_\_\_

**Drill Fluids Management:**

Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: \_\_\_\_\_ Semi-Closed Loop: \_\_\_\_\_

Multi-Well: \_\_\_\_\_ Disposal Location: \_\_\_\_\_

**Comment:**

Drilling operations have been completed and the first stage of the completion process on date of inspection. Well cap replaced with rented master valve. Schedule for fracking operations to being during the first week in December.  
Company representative on location: Mario Torres.

Facility ID: 441358 Type: WELL API Number: 123-41357 Status: DG Insp. Status: DG

**Well Drilling**

**Rig:** Rig Name: \_\_\_\_\_ Pusher/Rig Manager: \_\_\_\_\_

Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Pipe Ram: \_\_\_\_\_ Blind Ram: \_\_\_\_\_ Hydril Type: \_\_\_\_\_

Pressure Test BOP: \_\_\_\_\_ Test Pressure PSI: \_\_\_\_\_ Safety Plan: \_\_\_\_\_

**Drill Fluids Management:**

Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: \_\_\_\_\_ Semi-Closed Loop: \_\_\_\_\_

Multi-Well: \_\_\_\_\_ Disposal Location: \_\_\_\_\_

**Comment:**

Drilling operations have been completed and the first stage of the completion process on date of inspection. Well cap replaced with rented master valve. Schedule for fracking operations to being during the first week in December.  
Company representative on location: Mario Torres.

Facility ID: 441360 Type: WELL API Number: 123-41358 Status: DG Insp. Status: DG

**Well Drilling**

**Rig:** Rig Name: \_\_\_\_\_ Pusher/Rig Manager: \_\_\_\_\_

Permit Posted: \_\_\_\_\_ Access Sign: \_\_\_\_\_

**Well Control Equipment:**

Pipe Ram: \_\_\_\_\_ Blind Ram: \_\_\_\_\_ Hydril Type: \_\_\_\_\_

Pressure Test BOP: \_\_\_\_\_ Test Pressure PSI: \_\_\_\_\_ Safety Plan: \_\_\_\_\_

**Drill Fluids Management:**

Lined Pit: \_\_\_\_\_ Unlined Pit: \_\_\_\_\_ Closed Loop: \_\_\_\_\_ Semi-Closed Loop: \_\_\_\_\_

Multi-Well: \_\_\_\_\_ Disposal Location: \_\_\_\_\_

**Comment:**

Drilling operations have been completed and the first stage of the completion process on date of inspection. Well cap replaced with rented master valve. Schedule for fracking operations to being during the first week in December.  
Company representative on location: Mario Torres.

**Environmental**

**Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

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

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

Inspector Name: Carlile, Craig

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? _____	CM _____	CA _____	CA Date _____
	Waste Material Onsite? _____	CM _____	CA _____	CA Date _____
	Unused or unneeded equipment onsite? _____	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 ? \_\_\_\_\_

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 \_\_\_\_\_

Inspector Name: Carlile, Craig

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: \_\_\_\_\_

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

S/A/V: \_\_\_\_\_

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

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

CA: \_\_\_\_\_

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

**COGCC Comments**

Comment	User	Date
Routine inspection.	carlilec	08/27/2015