

**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
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Inspection Date:

12/03/2015

Document Number:

681900257

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	416098	317813	HELGELAND, GARY	<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		luke.reddy@anadarko.com	All inspections
,		COGCCinspections@anadarko.com	All Inspections

Compliance Summary:QtrQtr: SWSW Sec: 9 Twp: 1N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/22/2011	200304305	PR	PR	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
240010	WELL	PA	09/18/2014	OW	123-07798	ROCKY MTN FUEL CO "F" 2	PA	<input type="checkbox"/>
416096	WELL	PR	12/12/2010	GW	123-31263	NRC 23-9	PR	<input checked="" type="checkbox"/>
416098	WELL	PR	11/15/2010	OW	123-31265	NRC 36-9	PR	<input checked="" type="checkbox"/>
416102	WELL	PR	11/14/2010	OW	123-31269	NRC 35-9	PR	<input checked="" type="checkbox"/>
416119	WELL	PR	10/31/2010	GW	123-31284	NRC 13-9	PR	<input checked="" type="checkbox"/>
416252	WELL	PR	11/29/2010	OW	123-31316	NRC 14-9	PR	<input checked="" type="checkbox"/>
416385	WELL	PR	02/07/2011	OW	123-31356	NRC 11-9	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: HELGELAND, GARY

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>7</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>7</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: <u>7</u>

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	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
WELLHEAD	SATISFACTORY	Pipe and rod fencing		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LACT	1	SATISFACTORY			
Plunger Lift	8	SATISFACTORY			
Horizontal Heated Separator	8	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Bird Protectors	12	SATISFACTORY			
Emission Control Device	4	SATISFACTORY			
Dehydrator	1	SATISFACTORY			
Horizontal Heater Treater	2	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CRUDE OIL	1	300 BBLS	STEEL AST
SE GPS		40.060490,104.901490	
S/A/V:	SATISFACTORY	Comment:	
Corrective Action:			Corrective Date:

Inspector Name: HELGELAND, GARY

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	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

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

S/A/V:	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 210 BBL

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 416098

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: 416096 Type: WELL API Number: 123-31263 Status: PR Insp. Status: PR

Producing Well

Comment: pr

BradenHead

Comment: Bradenhead is plumed to surface.

CA: _____

CA Date: _____

Facility ID: 416098 Type: WELL API Number: 123-31265 Status: PR Insp. Status: PR

Producing WellComment: pr**BradenHead**Comment: Bradenhead is plumed to surface.CA: CA Date: Facility ID: 416102 Type: WELL API Number: 123-31269 Status: PR Insp. Status: PR**Producing Well**Comment: pr**BradenHead**Comment: Bradenhead is plumed to surface.CA: CA Date: Facility ID: 416119 Type: WELL API Number: 123-31284 Status: PR Insp. Status: PR**Producing Well**Comment: pr**BradenHead**Comment: Bradenhead is plumed to surface.CA: CA Date: Facility ID: 416252 Type: WELL API Number: 123-31316 Status: PR Insp. Status: PR**Producing Well**Comment: pr**BradenHead**Comment: Bradenhead is plumed to surface.CA: CA Date: Facility ID: 416385 Type: WELL API Number: 123-31356 Status: PR Insp. Status: PR**Producing Well**Comment: pr**BradenHead**Comment: Bradenhead is plumed to surface.CA: CA Date: **Environmental****Spills/Releases:**Type of Spill: Description: Estimated Spill Volume: Comment: Corrective Action: Date:

Inspector Name: HELGELAND, GARY

Reportable: _____	GPS: Lat _____	Long _____
Proximity to Surface Water: _____	Depth to Ground Water: _____	
Water Well:		
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: _____	
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 REVEGETATION

Cropland

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

Top soil replaced _____	Recontoured _____	80% Revegetation _____
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Inspector Name: HELGELAND, GARY

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation In Process

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 ☐

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