

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:
12/11/2015

Document Number:
680701108

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>244656</u>	<u>323022</u>	<u>Peterson, Tom</u>	<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
Reddy, Luke		luke.reddy@anadarko.com	All inspections
Precup, Jim		james.precup@state.co.us	
Avant, Paul	(720) 929-6457	paul.avant@anadarko.com	All inspections

Compliance Summary:

QtrQtr: SWSW Sec: 7 Twp: 4N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/24/2015	680700998	PR	PR	ACTION REQUIRED			No
07/03/2008	200193772	PR	PR	SATISFACTORY			No
12/04/2001	200022851	PR	PR	SATISFACTORY		Pass	No
07/21/1994	500168675		PR			Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
244656	WELL	PR	03/26/2007	GW	123-12451	MAPLEWOOD 2	SI	<input checked="" type="checkbox"/>
416654	WELL	PR	01/17/2011	OW	123-31439	MAPLEWOOD 13-7	SI	<input checked="" type="checkbox"/>
416661	WELL	PR	01/23/2011	OW	123-31444	MAPLEWOOD 14-7	SI	<input checked="" type="checkbox"/>
416662	WELL	PR	01/17/2011	OW	123-31445	MAPLEWOOD 22-7	SI	<input checked="" type="checkbox"/>
416664	WELL	PR	01/17/2011	OW	123-31446	MAPLEWOOD 23-7	SI	<input checked="" type="checkbox"/>
416669	WELL	PR	01/17/2011	OW	123-31449	MAPLEWOOD 35-7	SI	<input checked="" type="checkbox"/>

Equipment:		<u>Location Inventory</u>			
Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>5</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
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY	x 6		
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Stained soil (<1 bbl) noted in prior inspection document #680700998 has been corrected. All leaks have been repaired.		

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
IGNITOR/COMBUSTOR	SATISFACTORY	Smooth wire topped chain link		
LOCATION	SATISFACTORY	Smooth wire topped chain link		
WELLHEAD	SATISFACTORY	Smooth wire topped chain link x 6		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	SATISFACTORY			

Inspector Name: Peterson, Tom

Gas Meter Run	6	SATISFACTORY	Two master meters and four producer check meters		
Bird Protectors	3	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Plunger Lift	6	SATISFACTORY			
Ancillary equipment	3	SATISFACTORY	Two ECD scrubbers and one automation array		

Facilities: New Tank Tank ID: _____

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

S/A/V: SATISFACTORY Comment: 210 bbls

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

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	OTHER	STEEL AST	,

S/A/V: SATISFACTORY Comment: 315 bbls

Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

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 _____

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 244656

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: 244656 Type: WELL API Number: 123-12451 Status: PR Insp. Status: SI

Producing Well

Comment: Currently SI for construction.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416654 Type: WELL API Number: 123-31439 Status: PR Insp. Status: SI

Producing Well

Comment: Currently SI for construction.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416661 Type: WELL API Number: 123-31444 Status: PR Insp. Status: SI

Producing Well

Comment: Currently SI for construction.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416662 Type: WELL API Number: 123-31445 Status: PR Insp. Status: SI

Producing Well

Comment: Currently SI for construction.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416664 Type: WELL API Number: 123-31446 Status: PR Insp. Status: SI

Producing Well

Comment: Currently SI for construction.

BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 416669 Type: WELL API Number: 123-31449 Status: PR Insp. Status: SI

Producing Well

Comment: Currently SI for construction.

BradenHead

Comment: 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:

Lat _____ Long _____
DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y
Comment: Currently SI for construction.
Pilot: OFF Wildlife Protection Devices (fired vessels): YES

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 ? _____
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? _____

Inspector Name: Peterson, Tom

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: 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
Gravel	Pass	Gravel	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT