

**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

Inspection Date:

02/22/2016

Document Number:

674003412

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 414977 | 330474 | 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: SESE Sec: 32 Twp: 3N Range: 67W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 09/11/2015 | 674002817 | PR | PR | SATISFACTORY | | | No |
| 05/03/2012 | 667600267 | PR | PR | SATISFACTORY | | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|-------------------------------------|
| 251362 | WELL | PR | 06/29/1996 | GW | 123-19165 | HSR-HEINTZELMAN 16-32 | PR | <input checked="" type="checkbox"/> |
| 414965 | WELL | PR | 04/03/2011 | GW | 123-30928 | VARRA 20-32 | PR | <input checked="" type="checkbox"/> |
| 414971 | WELL | PR | 04/06/2011 | OW | 123-30932 | VARRA 39-32 | PR | <input checked="" type="checkbox"/> |
| 414977 | WELL | PR | 03/28/2011 | OW | 123-30935 | VARRA 37-32X | PR | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

Inspector Name: Carlile, Craig

| | | | |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: <u>1</u> | Wells: <u>4</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>1</u> | Separators: <u>4</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>4</u> | Dehydrator Units: _____ |
| Multi-Well Pits: _____ | Pigging Station: _____ | Flare: <u>1</u> | Fuel Tanks: <u>4</u> |

Location

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------------------|------------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Spills:

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

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

Equipment:

| | | | |
|-------------------------------|-----|-------------------------------|--------------|
| Type: Plunger Lift | # 4 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | |
| Type: Gas Meter Run | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | |
| Type: Emission Control Device | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |

Inspector Name: Carlile, Craig

| | | | |
|-----------------------------------|-----|-------------------------------|--------------|
| Corrective Action | | Date: | |
| Type: Horizontal Heated Separator | # 2 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | Date: | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------------|----------|----------|----------------|--------|
| Contents | # | Capacity | Type | SE GPS |
| PRODUCED WATER | 1 | OTHER | PBV FIBERGLASS | , |
| S/AR | Comment: | | | |

| | |
|--------------------|------------------|
| Corrective Action: | Corrective Date: |
|--------------------|------------------|

Paint

| | |
|-----------|--|
| Condition | |
|-----------|--|

Other (Content) _____

Other (Capacity) 210 Bbl

Other (Type) _____

Berms

| | | | | |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |

| | |
|-------------------|-----------------|
| Corrective Action | Corrective Date |
|-------------------|-----------------|

| | |
|---------|------------------------------|
| Comment | Shared with crude oil tanks. |
|---------|------------------------------|

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|-----------|-----------------------|----------|-----------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| CRUDE OIL | 3 | 300 BBLS | STEEL AST | 40.175310,-104.906160 |
| S/AR | SATISFACTORY Comment: | | | |

| | |
|--------------------|------------------|
| 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 | |

Flaring:

| | | | |
|------|-------------------|------------------------------|--------------|
| Type | Ignitor/Combustor | Satisfactory/Action Required | SATISFACTORY |
|------|-------------------|------------------------------|--------------|

Inspector Name: Carlile, Craig

| | | | |
|--------------------|--|----------------------|--|
| Comment: | | | |
| Corrective Action: | | Correct Action Date: | |

Predrill

Location ID: 414977

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: <u>251362</u> | Type: <u>WELL</u> | API Number: <u>123-19165</u> | Status: <u>PR</u> | Insp. Status: <u>PR</u> |
|----------------------------|-------------------|------------------------------|-------------------|-------------------------|

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface.

CA: _____

CA Date: _____

Inspector Name: Carlile, Craig

Facility ID: 414965 Type: WELL API Number: 123-30928 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 414971 Type: WELL API Number: 123-30932 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 414977 Type: WELL API Number: 123-30935 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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:

DWR Receipt Num: Owner Name: GPS : Lat Long

Field Parameters:

Sample Location:

Emission Control Burner (ECB): Y

Comment:

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Inspector Name: Carlile, Craig

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: DRY LAND

Comment: _____

1003a. Waste and Debris removed? Pass

CM _____

CA _____

CA Date _____

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 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: OTHER

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 _____

Inspector Name: Carlile, Craig

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 | | | |

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|---------------------|----------|------------|
| Routine inspection. | carlilec | 02/22/2016 |