

**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:

03/01/2016

Document Number:

671106541

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	440418	305939	MONTOYA, JOHN	<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
Avant, Paul	720-929-6475	Paul.Avant@anadarko.com	regulatory
,		COGCCinspections@anadarko.com	All Inspections
REDDY, LUKE		Luke.Reddy@anadarko.com	ALL INSPECTIONS

Compliance Summary:QtrQtr: NWNW Sec: 8 Twp: 1N Range: 65W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283948	WELL	PR	09/01/2014	GW	123-23718	GREEN XX 8-4	SI	<input checked="" type="checkbox"/>
440412	WELL	DG	01/24/2015	LO	123-40834	GREEN 2C-8HZ	WO	<input checked="" type="checkbox"/>
440413	WELL	DG	01/19/2015	LO	123-40835	GREEN 2N-8HZ	WO	<input checked="" type="checkbox"/>
440414	WELL	DG	01/22/2015	LO	123-40836	GREEN 4N-8HZ	WO	<input checked="" type="checkbox"/>
440415	WELL	DG	01/15/2015	LO	123-40837	GREEN 1N-8HZ	WO	<input checked="" type="checkbox"/>
440416	WELL	DG	01/20/2015	LO	123-40838	GREEN 3N-8HZ	WO	<input checked="" type="checkbox"/>
440417	WELL	DG	01/17/2015	LO	123-40839	GREEN 1C-8HZ	WO	<input checked="" type="checkbox"/>
440418	WELL	DG	01/25/2015	LO	123-40840	GREEN 5N-8HZ	WO	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: MONTOYA, JOHN

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: <u>1</u>	Water Tanks: <u>2</u>	Separators: <u>13</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: <u>1</u>	Pump Jacks: <u>8</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
CONTAINERS	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
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
IGNITOR/COMBUST OR	SATISFACTORY	1" PIPE FENCE		
SEPARATOR	SATISFACTORY	1" PIPE FENCE		
TANK BATTERY	SATISFACTORY	1" PIPE FENCE		

Equipment:

Type: Bird Protectors	# 9	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date: _____		
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY

Comment	AIR COMPRESSOR SE CORNER N40.04336 W-104.41727		
Corrective Action			Date:
Type: VRU	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Gas Meter Run	# 10	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: LACT	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Other	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	POLISH UNITS		
Corrective Action			Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.04336 W-104.41727		
Corrective Action			Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.043460,-104.417670

S/AR	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

Inspector Name: MONTOYA, JOHN

Corrective Action					Corrective Date	
Comment						
Facilities: <input type="checkbox"/> New Tank Tank ID: _____						
Contents	#	Capacity	Type	SE GPS		
PRODUCED WATER	2	200 BBLS	PBV FIBERGLASS	,		
S/AR	SATISFACTORY		Comment: 2-210 bbl tanks			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition	Adequate					
Other (Content) _____						
Other (Capacity) _____						
Other (Type) _____						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Corrective Action					Corrective Date	
Comment						

<u>Venting:</u>	
Yes/No	NO
Comment	

<u>Flaring:</u>			
Type	Ignitor/Combustor	Satisfactory/Action Required	SATISFACTORY
Comment:			
Corrective Action:			Correct Action Date:

Predrill

Location ID: 440418

Site Preparation:

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

S/AR: _____

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.	11/20/2014

S/AR: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:**

BMP Type	Comment
Planning	This proposed oil and gas location is located in a rural rangeland area. The nearest building unit is located 1200' away.

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: 283948 Type: WELL API Number: 123-23718 Status: PR Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/A/V: _____ CA Date: _____
CA: _____
Comment: _____

BradenHead

Comment: **BRADENHEAD PLUMBED UP**
CA: _____
CA Date: _____

Facility ID: 440412 Type: WELL API Number: 123-40834 Status: DG Insp. Status: WO

BradenHead

Comment: **BRADENHEAD PLUMBED UP**
CA: _____
CA Date: _____

Facility ID: 440413 Type: WELL API Number: 123-40835 Status: DG Insp. Status: WO

BradenHead

Comment: **BRADENHEAD PLUMBED UP**
CA: _____
CA Date: _____

Facility ID: 440414 Type: WELL API Number: 123-40836 Status: DG Insp. Status: WO

BradenHead

Comment: **BRADENHEAD PLUMBED UP**
CA: _____
CA Date: _____

Facility ID: 440415 Type: WELL API Number: 123-40837 Status: DG Insp. Status: WO

BradenHead

Comment: **BRADENHEAD PLUMBED UP**
CA: _____
CA Date: _____

Facility ID: 440416 Type: WELL API Number: 123-40838 Status: DG Insp. Status: WO

BradenHead

Comment: **BRADENHEAD PLUMBED UP**
CA: _____
CA Date: _____

Facility ID: 440417 Type: WELL API Number: 123-40839 Status: DG Insp. Status: WO

BradenHeadComment: **BRADENHEAD PLUMBED UP**

CA: _____

CA Date: _____

Facility ID: 440418 Type: WELL API Number: 123-40840 Status: DG Insp. Status: WO**BradenHead**Comment: **BRADENHEAD PLUMBED UP**

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): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

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

Land Use: RANGELAND

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? 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: RANGELAND

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			

Inspector Name: MONTOYA, JOHN

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT