

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:
06/14/2016
Document Number:
673902001
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>413154</u>	<u>413155</u>	<u>MONTOYA, JOHN</u>	2A Doc Num:	

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
Burn, Diana		diana.burn@state.co.us	
REDDY, LUKE		Luke.Reddy@anadarko.com	ALL INSPECTIONS
Green, Doreen	720-929-6475	doreen.green@anadarko.com	regulatory
,		COGCCinspections@anadarko.com	All Inspections

Compliance Summary:

QtrQtr: SENW Sec: 20 Twp: 2N Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/06/2015	671103513	PR	SI	SATISFACTORY			No
09/24/2009	200230189	OI	ND	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
413154	WELL	PR	09/11/2009	GW	123-30604	PALMER X 20-20	SI	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: <u> </u>	Drilling Pits: <u> 1 </u>	Wells: <u> 1 </u>	Production Pits: <u> 1 </u>
Condensate Tanks: <u> </u>	Water Tanks: <u> 11 </u>	Separators: <u> 1 </u>	Electric Motors: <u> 23 </u>
Gas or Diesel Mortors: <u> 8 </u>	Cavity Pumps: <u> </u>	LACT Unit: <u> </u>	Pump Jacks: <u> </u>
Electric Generators: <u> 2 </u>	Gas Pipeline: <u> 1 </u>	Oil Pipeline: <u> </u>	Water Pipeline: <u> </u>
Gas Compressors: <u> </u>	VOC Combustor: <u> 1 </u>	Oil Tanks: <u> 1 </u>	Dehydrator Units: <u> </u>
Multi-Well Pits: <u> </u>	Pigging Station: <u> </u>	Flare: <u> </u>	Fuel Tanks: <u> 8 </u>

Location

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	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
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	ROD IRON FENCESE CORNERN40.07456 W-104.41515		

Equipment:				
Type: Gas Meter Run	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	SE CORNER N40.07234 W-104.41539			
Corrective Action				Date:
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	SE CORNER N40.07234 W-104.41539			
Corrective Action				Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	SE CORNER N40.07234 W-104.41539			
Corrective Action				Date:
Type: Bird Protectors	# 3	Satisfactory/Action Required: SATISFACTORY		
Comment				

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

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	CONCRETE SUMP/VAULT	,

S/AR	SATISFACTORY	Comment:	CONCRETE VAULT 55 BBL CAPACITY
------	--------------	----------	--------------------------------

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

Paint

Condition	Adequate
-----------	----------

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

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

Comment

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	40.072340,-104.415210

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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

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

Comment

Venting:

Yes/No	NO
--------	----

Comment

Flaring:

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

Comment:

Corrective Action:	Correct Action Date:
--------------------	----------------------

Pre-drill

Location ID: 413154

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

S/AR: _____

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

Form 2A COAs:

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

CA: _____ **Date:** _____

Wildlife BMPs:

BMP Type	Comment
PROPOSED BMPs	<p>Stormwater management plans (SWMP) are in place to address construction. drilling and operations associated with Oil & Gas development throughout the state of Colorado in accordance with Colorado Department of Public Health and Environment (CDPHE) General Permit No COR- 039527 BMP's will be constructed around the penmeter of the site prior to, or at the beginning of construction BMP's used will vary according to the location, and will remain in place until the pad reaches final reclamation</p> <p>Spill Prevention Control and Countermeasures (SPCC) plans are in place to address any possible spill associated with Oil & Gas operations throughout the state of Colorado in accordance with CFR 112</p> <p>Housekeeping will consist of neat and orderly storage of materials and fluids Wastes will be temporarily stored in sealed containers and regularly collected and disposed of at offsite, suitable facilities If spills occur prompt cleanup is required to minimize any commingling of waste matenals with stormwater runoff Routine maintenance will be limited to fueling and lubncation of equipment Drip pans will be used dunnng routine fueling and maintenance to contain spills or leaks Any waste product from maintenance will be contamenzed and transported offsite for disposal or recycling There will be no major equipment overhauls conducted onsite Equipment will be transported offsite for major overhauls Cleanup of trash and discarded matenals will be conducted at the end of each work day Cleanup will consist of patrolling the roadway, access areas. and other work areas to pickup trash. scrap debns, other discarded matenals, and any contaminated soil These matenals will be disposed of properly</p>

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: 413154 Type: WELL API Number: 123-30604 Status: PR Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: MIT TEST START 350 PSI. 5 MIN 350 PSI, 10 MIN 350 PSI, 15 MIN 350 PSI, -0

BradenHead

Comment: BRADENHEAD PLUMBED UP 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): _____

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. 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 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 _____

Inspector Name: MONTOYA, JOHN

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
Berms	Pass					
Gravel	Pass	Gravel	Pass			

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

Comment: _____
 CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
MIT TEST	montoyaj	06/14/2016