

**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:

06/23/2016

Document Number:

673902156

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	441179	441183	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
Green, Doreen	720-929-6475	doreen.green@anadarko.com	regulatory
REDDY, LUKE		Luke.Reddy@anadarko.com	ALL INSPECTIONS
,		COGCCinspections@anadarko.com	All Inspections

Compliance Summary:QtrQtr: SWSE Sec: 9 Twp: 1N Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/15/2016	671106154	DG	IO	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
441176	WELL	PR	08/01/2015	OW	123-41283	BAT 3N1-9HZX	PR	<input checked="" type="checkbox"/>
441177	WELL	PR	03/01/2016	OW	123-41284	BAT 29N1-9HZ	PR	<input checked="" type="checkbox"/>
441178	WELL	PR	03/01/2016	OW	123-41285	BAT 29C-9HZ	PR	<input checked="" type="checkbox"/>
441179	WELL	PR	03/01/2016	OW	123-41286	BAT 28N-9HZ	PR	<input checked="" type="checkbox"/>
441180	WELL	PR	03/01/2016	OW	123-41287	BAT 3N2-9HZ	PR	<input checked="" type="checkbox"/>
441181	WELL	PR	03/01/2016	OW	123-41288	BAT 29N2-9HZ	PR	<input checked="" type="checkbox"/>
441182	WELL	PR	03/01/2016	OW	123-41289	BAT 28C-9HZ	PR	<input checked="" type="checkbox"/>
441184	WELL	PR	04/02/2016	OW	123-41290	BAT 4C-9HZ	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: MONTOYA, JOHN

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>8</u>
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

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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): <u>SATISFACTORY</u>	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

Equipment:				
Type: Ancillary equipment	# 3	Satisfactory/Action Required: SATISFACTORY		
Comment	1-350 GALLON METHANOL STORAGE TANK AND PUMP 2-CHEMICAL STORAGE TANKS AT WELLHEADS WITH PUMPS			
Corrective Action				Date:
Type: Gas Meter Run	# 10	Satisfactory/Action Required: SATISFACTORY		
Comment	SE CORNER THERE IS A METER ON EACH SEPERATOR TOTAL OF 8 N40.03688 W-104.39906			
Corrective Action				Date:

Type: Horizontal Heated Separator	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER 1 GAS METERS ON EACH INDIVIDUAL SEPERATOR TOTAL OF 8 N40.03688 W-104.39906		
Corrective Action			Date:
Type: Vertical Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.03688 W-104.39906		
Corrective Action			Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.03688 W-104.39906		
Corrective Action			Date:
Type: Compressor	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER AIR COMPRESSOR N40.03697 W-104.39901		
Corrective Action			Date:
Type: Horizontal Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER 2 SEPERATORS ARE LIQUID BREAK OUT OF GAS TO ECD'S N40.03688 W-104.39906		
Corrective Action			Date:
Type: VRU	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.03697 W-104.39901		
Corrective Action			Date:
Type: Other	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment	7-500 BBL FARC TANKS WITH BERMS N40.03641 W-104.39893		
Corrective Action			Date:
Type: Bird Protectors	# 9	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER 5 PLUNGER LIFTS ON WELLS THE OTHE 3 ARE FLOWING ON CONTROLLERS N40.03620 W-104.40132		
Corrective Action			Date:
Type: LACT	# 1	Satisfactory/Action Required:	SATISFACTORY

Inspector Name: MONTOYA, JOHN

Comment	SE CORNER N40.03697 W-104.39901	
Corrective Action		Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.036880,-104.399060

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

Corrective Action		Corrective Date	
Comment			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	200 BBLS	PBV FIBERGLASS	,

S/AR	SATISFACTORY	Comment:	2-210 BBL CAPACITY WATER TANKS
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

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	NO
Comment	

Flaring:

Type	Ignitor/Combustor	Satisfactory/Action Required	SATISFACTORY
Comment:			

Corrective Action:		Correct Action Date:	

Predrill

Location ID: 441179

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	deranleg	Drilling fluids and cuttings shall be disposed at licensed, commercial disposal site, as indicated. Any changes to drilling fluids or cuttings management shall be subject to prior Director approval.	03/21/2015
OGLA	treitzr	Operator shall provide notice to COGCC 48 hours prior to commencing construction of this Oil and Gas Location via Form 42.	02/05/2015
OGLA	treitzr	Thoroughly evaluate soil profiles to properly characterize and excavate topsoil based on Rule 1002.b. Clearly mark the topsoil pile based on characterization and implement BMPs to stabilize and prevent stockpile erosion.	03/04/2015
OGLA	treitzr	Implement stormwater BMPs to prevent impacts to the downgradient canal that is approximately 360 feet west of the site. Impacts include erosion, runoff, concentrated flow that could impact the surface water body.	03/04/2015

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

BMP Type	Comment
Storm Water/Erosion Control	604c.(2).G. Berm Construction: Kerr-McGee will create tertiary containment by construction of a berm or diversion dike, site grading, or other comparable measures sufficient to further protect the canal located 360' west of the proposed oil and gas location.

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

Inspector Name: MONTOYA, JOHN

Facility ID: 441176 Type: WELL API Number: 123-41283 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 441177 Type: WELL API Number: 123-41284 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 441178 Type: WELL API Number: 123-41285 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 441179 Type: WELL API Number: 123-41286 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 441180 Type: WELL API Number: 123-41287 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 441181 Type: WELL API Number: 123-41288 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 441182 Type: WELL API Number: 123-41289 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 441184 Type: WELL API Number: 123-41290 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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: _____

Inspector Name: MONTOYA, JOHN

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

COGCC Comments

Comment	User	Date
8 WELLS ON PAD WITH INTERMITTER CONTROLLERS	montoyaj	06/23/2016

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673902156	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3885983