

**FORM
INSP**Rev
X/15

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:

05/04/2017

Submitted Date:

05/04/2017

Document Number:

674200051**FIELD INSPECTION FORM**

Loc ID 336504 Inspector Name: Gomez, Jason On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 47120Name of Operator: KERR MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: DENVER State: CO Zip: 80217-**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
☐ FOLLOW UP INSPECTION REQUIRED
☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:5 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
Mattox, Jennifer	303-692-3144	jennifer.mattox@state.co.us	environmental protection specialist
, Inspections		COGCCinspections@Anadarko.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
445333	WELL	DG	03/05/2017		123-43015	CAMENISCH 10N-34HZ	DG
445334	WELL	DG	03/02/2017		123-43016	CAMENISCH STATE 23N2-34HZ	DG
445335	WELL	DG	03/04/2017		123-43017	CAMENISCH 15N-22HZ	DG
445336	WELL	DG	03/03/2017		123-43018	CAMENISCH 36N-22HZ	DG
445337	WELL	DG	03/01/2017		123-43019	CAMENISCH STATE 23N-34HZ	DG

General Comment:

LocationOverall Good: ☐

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

Type: Ancillary equipment	#		corrective date
Comment:	APPROX 32' SOUND WALLS SOURROUNDING LOCATION FOR SOUND MITIGATION		
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type	Field Flare	
Comment:	FLARE IN USE AT TIME OF INSPECTION DUE TO GAS KICK	
Corrective Action:		Date:

Inspected Facilities

Facility ID: 445333 Type: WELL API Number: 123-43015 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____
 Comment: _____
 Corrective Action: _____ Date: _____

Facility ID: 445334 Type: WELL API Number: 123-43016 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____
 Comment: _____
 Corrective Action: _____ Date: _____

Facility ID: 445335 Type: WELL API Number: 123-43017 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____
 Comment: _____
 Corrective Action: _____ Date: _____

Facility ID: 445336 Type: WELL API Number: 123-43018 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: _____ Disposal Location: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 445337 Type: WELL API Number: 123-43019 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: sidewinder 105s Pusher/Rig Manager: Luke Rains
 Permit Posted: Yes Access Sign: Yes

Well Control Equipment:

Pipe Ram: YES Blind Ram: YES Hydril Type: YES
 Pressure Test BOP: Pass Test Pressure PSI: _____ Safety Plan: YES

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____

Multi-Well: YES Disposal Location: _____

Comment: **COMPLY WITH RULE 327**
 The operator shall report all uncontrolled events to the COGCC as soon as practicable,
 but no later than 24 hours following the incident.

Corrective Action: _____ Date: 05/05/2017

Environmental

Spill/Remediation:

Comment:

Corrective
Action:

Date:

Emission Control Burner (ECB): YES

Comment:

Pilot: ON

Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	Material Handling And Spill Prevention	Pass	
Compaction	Pass	Compaction	Pass	Covering Materials	Pass	

Comment:

Corrective Action:

Date:

Pits: ☒ NO SURFACE INDICATION OF PIT