

**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: _____

Status Summary:

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

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-

Findings:

- 5 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

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

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:

Location

Overall Good:

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good:

Spills:

Type	Area	Volume		

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: <input type="text"/>			Date: <input type="text"/>

Venting:

Yes/No	NO		
Comment: <input type="text"/>			
Corrective Action: <input type="text"/>			Date: <input type="text"/>

Flaring:

Type	Field Flare		
Comment: FLARE IN USE AT TIME OF INSPECTION DUE TO GAS KICK			
Corrective Action: <input type="text"/>			Date: <input type="text"/>

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

Attached Documents

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

Document Num	Description	URL
401278088	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4142471