

**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:

05/23/2017

Submitted Date:

05/23/2017

Document Number:

674005217**FIELD INSPECTION FORM**
 Loc ID 318760 Inspector Name: Carlile, Craig 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:**8 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
, Inspections		COGCCinspections@Anadarko.com	All Inspections
Leonard, Mike		mike.leonard@state.co.us	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
242115	WELL	PR	04/27/1999	GW	123-09906	UPRR 22 PAN AM G.U. 'J' 2	TA

General Comment:[2017 Flowline NTO Inspection 1000' Buffer](#)

LocationOverall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Unused equipment at wellhead.		
Corrective Action:	Remove unused equipment	Date:	06/23/2017

Overall Good: ☐

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Fencing/:**

Type	SEPARATOR		
Comment:	Barb Wire		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Pipe		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	Barb Wire		
Corrective Action:		Date:	

Equipment:

Type: Bird Protectors	# 6		corrective date
Comment:			
Corrective Action:		Date:	

Type: Horizontal Heated Separator	# 5		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	PBV FIBERGLASS		,
Comment:					
Corrective Action:					Date:

Paint

Condition	
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:	Shared with crude oil tanks.				
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	3	300 BBLs	STEEL AST		40.213040,-104.749800
Comment:					
Corrective Action:					

Paint

Condition	Adequate
Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type	Ignitor/Combustor	
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 242115 Type: WELL API Number: 123-09906 Status: PR Insp. Status: TA

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

Comment: _____

Corrective Action: _____ Date: _____

Flowline

#1	Type:	of Lines
----	-------	----------

Flowline Description

Flowline Type: _____ Size: _____ Material: _____

Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____

Coatings: _____ H2S: _____ Cathodic Protection: _____

Pressure Testing

Witnessed: _____ Test Result: _____ Charted: _____

COGCC Rules(check all that apply)☐ 1101. Installation and Reclamation ☐ 1102. Operations, Maintenance, and Repair ☐ 1103. Abandonment

Comment: _____

Corrective Action: _____ Date: _____

#1	Type:	of Lines
----	-------	----------

Flowline Description

Flowline Type: _____ Size: _____ Material: _____

Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____

Coatings: _____ H2S: _____ Cathodic Protection: _____

Pressure Testing

Witnessed: _____ Test Result: _____ Charted: _____

COGCC Rules(check all that apply)☐ 1101. Installation and Reclamation ☐ 1102. Operations, Maintenance, and Repair ☐ 1103. Abandonment

Comment: _____

Corrective Action: _____ Date: _____

#1	Type:	of Lines
----	-------	----------

Flowline Description

Flowline Type: _____ Size: _____ Material: _____

Variance: _____ Age: _____ Contents: _____

Integrity Summary

Failures: _____ Spills: _____ Repairs Made: _____

Coatings:		H2S:		Cathodic Protection:	
<u>Pressure Testing</u>					
Witnessed:		Test Result:		Charted:	
<u>COGCC Rules(check all that apply)</u>					
<input type="checkbox"/> 1101. Installation and Reclamation		<input type="checkbox"/> 1102. Operations, Maintenance, and Repair		<input type="checkbox"/> 1103. Abandonment	
Comment:					
Corrective Action:		Date:			
#1	Type:		of Lines		
<u>Flowline Description</u>					
Flowline Type:		Size:		Material:	
Variance:		Age:		Contents:	
<u>Integrity Summary</u>					
Failures:		Spills:		Repairs Made:	
Coatings:		H2S:		Cathodic Protection:	
<u>Pressure Testing</u>					
Witnessed:		Test Result:		Charted:	
<u>COGCC Rules(check all that apply)</u>					
<input type="checkbox"/> 1101. Installation and Reclamation		<input type="checkbox"/> 1102. Operations, Maintenance, and Repair		<input type="checkbox"/> 1103. Abandonment	
Comment:					
Corrective Action:		Date:			

Environmental	
Spill/Remediation:	
Comment:	
Corrective Action:	Date:
Emission Control Burner (ECB): YES	
Comment:	
Pilot:	Wildlife Protection Devices (fired vessels):

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

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

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND
SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? _____

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

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 _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____ Date _____

Overall Interim Reclamation**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

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 _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

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					

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
Unused equipment at wellhead. Marked and capped riser (2) at wellhead. Unmarked and not capped risers (2) at south end of battery at 40.21278, -104.74992 Riser inbetween battery and separator at 40.21337, -104.74999 17 Risers within separator berm, southeast corner is at 40.21352, -104.74984	carlilec	05/23/2017

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

Document Num	Description	URL
401290950	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4153804
674005218	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4153799