

**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:

05/31/2017

Submitted Date:

05/31/2017

Document Number:

674200101

**FIELD INSPECTION FORM**

Loc ID 336647 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:**

23 Number of Comments  
0 Number of Corrective Actions  
 Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
, General		COGCCinspections@Anadarko.com	

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
248716	WELL	PR	05/06/2002	GW	123-16518	HSR-BATES 16-7	EG
251111	WELL	PR	05/20/2002	GW	123-18914	HSR-TUTTLE 10-7A	EG
251112	WELL	PR	11/21/2009	GW	123-18915	HSR-TUTTLE 15-7A	EG
414517	WELL	PR	05/14/2010	OW	123-30772	BELLA FEDERAL 24-7	EG
414535	WELL	PR	05/25/2010	OW	123-30776	BELLA FEDERAL 36-7	EG
414542	WELL	PR	05/15/2010	OW	123-30782	BELLA FEDERAL 23-7	EG
414545	WELL	PR	05/30/2010	OW	123-30783	BELLA FEDERAL 37-7	EG

**General Comment:**

2017 Flowline NTO Inspection 1000' Buffer  
Shadowing Operator Abandonment Team

**Location**

Overall Good:

**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

Overall Good:

**Spills:**

Type	Area	Volume		

In Containment: No

Comment:

Multiple Spills and Releases?

**Fencing/:**

Type	WELLHEAD		
Comment:	AG PANEL		
Corrective Action:		Date:	

**Equipment:**

Type: Plunger Lift	# 1		corrective date
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Comment:		
Corrective Action:		Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		
Comment:					
Corrective Action:					Date:

**Paint**

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

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO	
Comment:		
Corrective Action:	Date:	

**Flaring:**

Type	
Comment:	
Corrective Action:	Date:

**Inspected Facilities**

Facility ID: 248716 Type: WELL API Number: 123-16518 Status: PR Insp. Status: EG

**Idle Well**

Purpose:  Shut In     Temporarily Abandoned    Reminder: EQUIPMENT ONSITE

Comment: SI

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**BradenHead**

Comment: PLUMBED TO SURFACE

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Flowline**

#7	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: 1-1" STEEL RISER ABONDON @ WELLHEAD PER NTO

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Facility ID: 251111 Type: WELL API Number: 123-18914 Status: PR Insp. Status: EG

**Idle Well**

Purpose:  Shut In     Temporarily Abandoned    Reminder: EQUIPMENT ONSITE

Comment: SI

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**BradenHead**

Comment: PLUMBED TO SURFACE

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

**Flowline**

#6	Type:	of Lines

Flowline Description

Flowline Type: \_\_\_\_\_ Size: \_\_\_\_\_ Material: \_\_\_\_\_  
 Variance: \_\_\_\_\_ Age: \_\_\_\_\_ Contents: \_\_\_\_\_

Integrity Summary

Failures:	Spills:	Repairs Made:
Coatings:	H2S:	Cathodic Protection:
<b>Pressure Testing</b>		
Witnessed:	Test Result:	Charted:
<b>COGCC Rules(check all that apply)</b>		
<input type="checkbox"/> 1101. Installation and Reclamation	<input type="checkbox"/> 1102. Operations, Maintenance, and Repair	<input checked="" type="checkbox"/> 1103. Abandonment
Comment: 1-1" STEEL RISER ABONDON @ WELLHEAD PER NTO		Date:
Corrective Action:		Date:
Facility ID: 251112	Type: WELL	API Number: 123-18915
Status: PR	Insp. Status: EG	

<b>Idle Well</b>		
Purpose: <input checked="" type="checkbox"/> Shut In	<input type="checkbox"/> Temporarily Abandoned	Reminder: EQUIPMENT ONSITE
Comment: SI		Date:
Corrective Action:		Date:

<b>BradenHead</b>		
Comment: PLUMBED TO SURFACE		Date:
Corrective Action:		Date:

<b>Flowline</b>			
#5	Type:	of Lines	

<b>Flowline Description</b>		
Flowline Type:	Size:	Material:
Variance:	Age:	Contents:

<b>Integrity Summary</b>		
Failures:	Spills:	Repairs Made:
Coatings:	H2S:	Cathodic Protection:

<b>Pressure Testing</b>		
Witnessed:	Test Result:	Charted:
<b>COGCC Rules(check all that apply)</b>		
<input type="checkbox"/> 1101. Installation and Reclamation	<input type="checkbox"/> 1102. Operations, Maintenance, and Repair	<input checked="" type="checkbox"/> 1103. Abandonment
Comment: 1'1" STEEL RISER ABONDON @ WELLHEAD PER NTO		Date:
Corrective Action:		Date:

Facility ID: 414517	Type: WELL	API Number: 123-30772	Status: PR	Insp. Status: EG
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<b>Idle Well</b>		
Purpose: <input checked="" type="checkbox"/> Shut In	<input type="checkbox"/> Temporarily Abandoned	Reminder: EQUIPMENT ONSITE
Comment: SI		Date:
Corrective Action:		Date:

<b>BradenHead</b>		
Comment: PLUMBED TO SURFACE		Date:
Corrective Action:		Date:

Flowline			
#4	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 checked="" type="checkbox"/> 1103. Abandonment
Comment: <span style="color: blue;">1-1" STEEL RISER ABONDON @ WELLHEAD PER NTO</span>			
Corrective Action:		Date:	
Facility ID: <u>414535</u>	Type: <u>WELL</u>	API Number: <u>123-30776</u>	Status: <u>PR</u> Insp. Status: <u>EG</u>

Idle Well	
Purpose: <input checked="" type="checkbox"/> Shut In	<input type="checkbox"/> Temporarily Abandoned
Reminder: <u>EQUIPMENT ONSITE</u>	
Comment: <span style="color: blue;">SI</span>	
Corrective Action:	Date: _____

BradenHead	
Comment: <span style="color: blue;">PLUMBED TO SURFACE</span>	
Corrective Action:	Date: _____

Flowline			
#3	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 checked="" type="checkbox"/> 1103. Abandonment
Comment: <span style="color: blue;">1-1" STEEL RISER ABONDON @ WELLHEAD PER NTO</span>			
Corrective Action:		Date:	
Facility ID: <u>414542</u>	Type: <u>WELL</u>	API Number: <u>123-30782</u>	Status: <u>PR</u> Insp. Status: <u>EG</u>

<b>Idle Well</b>	
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned	Reminder: <u>EQUIPMENT ONSITE</u>
Comment: <input style="width: 90%;" type="text" value="SI"/>	
Corrective Action: <input style="width: 90%;" type="text"/>	Date: <input style="width: 10%;" type="text"/>

<b>BradenHead</b>	
Comment: <input style="width: 90%;" type="text" value="PLUMBED TO SURFACE"/>	
Corrective Action: <input style="width: 90%;" type="text"/>	Date: <input style="width: 10%;" type="text"/>

<b>Flowline</b>	
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#2	Type:	of Lines
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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:
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COGCC Rules(check all that apply)

1101. Installation and Reclamation   
  1102. Operations, Maintenance, and Repair   
  1103. Abandonment

Comment:

Corrective Action:

Date:

Facility ID: <u>414545</u>	Type: <u>WELL</u>	API Number: <u>123-30783</u>	Status: <u>PR</u>	Insp. Status: <u>EG</u>
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<b>Idle Well</b>	
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned	Reminder: <u>EQUIPMENT ONSITE</u>
Comment: <input style="width: 90%;" type="text"/>	
Corrective Action: <input style="width: 90%;" type="text"/>	Date: <input style="width: 10%;" type="text"/>

<b>BradenHead</b>	
Comment: <input style="width: 90%;" type="text" value="PLUMBED TO SURFACE"/>	
Corrective Action: <input style="width: 90%;" type="text"/>	Date: <input style="width: 10%;" type="text"/>

<b>Flowline</b>	
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#1	Type:	of Lines
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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)		
<input type="checkbox"/> 1101. Installation and Reclamation	<input type="checkbox"/> 1102. Operations, Maintenance, and Repair	<input checked="" type="checkbox"/> 1103. Abandonment
Comment: 1-1" STEEL RISER ABONDON PER NTO @ WELLHEAD		Date:
Corrective Action:		

<b>COGCC Comments</b>		
Comment	User	Date
OBSERVED ANADARKO ABANDON 7 1" RISERS @ WELLHEADS PER NTO PROCEDURE	gomezj	05/31/2017

**Attached Documents**

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

Document Num	Description	URL
401297257	INSPECTION SUBMITTED	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4159699">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4159699</a>