

**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:

06/21/2017

Submitted Date:

06/21/2017

Document Number:

674005395**FIELD INSPECTION FORM**Loc ID 318821 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:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
, Inspections		COGCCinspections@Anadarko.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
242240	WELL	PR	03/14/2002	GW	123-10031	ANDERSON FAMILY TRUST C 2	PR

General Comment:

LocationOverall Good: ☒**Signs/Marker:**

Type	DRILLING/RECOMP		
Comment:	See photos		
Corrective Action:		Date:	

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?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 242240 Type: WELL API Number: 123-10031 Status: PR Insp. Status: PR**Cement**Cement ContractorContractor Name: Schlumberger

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging OperationsDepth Plugs(feet range): 840 FtCement Volume (sx): 240 Sacks

Good Return During Job: _____

Cement Type: _____

Comment: [Form 6 in COGCC form 6: 401232051](#)

Corrective Action: _____

Date: _____

COGCC Comments

Comment	User	Date
Routine PA Company representative on location: Desi Nava	carlilec	06/21/2017

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

Document Num	Description	URL
674005396	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4178645