

**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:

07/31/2017

Submitted Date:

08/02/2017

Document Number:

678300794**FIELD INSPECTION FORM**Loc ID \_\_\_\_\_ Inspector Name: GINTAUTAS, PETER 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 Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

| Contact Name  | Phone | Email                         | Comment                         |
|---------------|-------|-------------------------------|---------------------------------|
| , Inspections |       | COGCCinspections@Anadarko.com | <a href="#">All Inspections</a> |

**Inspected Facilities:**

| Facility ID | Type             | Status | Status Date | Well Class | API Num | Facility Name                | Insp Status |
|-------------|------------------|--------|-------------|------------|---------|------------------------------|-------------|
| 450833      | SPILL OR RELEASE | AC     | 05/30/2017  |            | -       | SPILL/RELEASE POINT          | EI          |
| 451587      | TANK BATTERY     | AC     |             |            | -       | Sekich 19-1L & 19-2L battery | EI          |

**General Comment:**

spill 450833 associated with removal of partly buried produced water vessel. Portion of battery removed serviced Sekich 19-08L and Sekich 19-7L. Wells not colocated with battery and not inspected in this report.

**Location**Overall Good: ☒**Signs/Marker:**

|                    |                      |       |  |
|--------------------|----------------------|-------|--|
| Type               | TANK LABELS/PLACARDS |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |
| Type               | BATTERY              |       |  |
| Comment:           |                      |       |  |
| Corrective Action: |                      | Date: |  |

**Emergency Contact Number:**

|                    |  |             |
|--------------------|--|-------------|
| Comment:           |  |             |
| Corrective Action: |  | Date: _____ |

**Good Housekeeping:**

|                    |                                                                                    |       |            |
|--------------------|------------------------------------------------------------------------------------|-------|------------|
| Type               | UNUSED EQUIPMENT                                                                   |       |            |
| Comment:           | unused emission control device present at location s shown in attached photo       |       |            |
| Corrective Action: | Comply with Rule 603.f using the Rule 603.f guidance document for further details. | Date: | 11/01/2017 |

Overall Good: ☐**Spills:**

|      |      |        |  |  |
|------|------|--------|--|--|
| Type | Area | Volume |  |  |
|------|------|--------|--|--|

In Containment: No

Comment:

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

|                    |              |       |  |
|--------------------|--------------|-------|--|
| Type               | TANK BATTERY |       |  |
| Comment:           |              |       |  |
| Corrective Action: |              | Date: |  |

**Equipment:**

|                                   |     |       |                 |
|-----------------------------------|-----|-------|-----------------|
|                                   |     |       | corrective date |
| Type: Gas Meter Run               | # 1 |       |                 |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |
| Type: Bird Protectors             | # 1 |       |                 |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |
| Type: Horizontal Heated Separator | # 1 |       |                 |
| Comment:                          |     |       |                 |
| Corrective Action:                |     | Date: |                 |

**Tanks and Berms:**

| Contents  | # | Capacity | Type      | Tank ID | SE GPS |
|-----------|---|----------|-----------|---------|--------|
| CRUDE OIL | 1 | 200 BBLS | STEEL AST |         | ,      |

|                    |  |       |
|--------------------|--|-------|
| Comment:           |  |       |
| Corrective Action: |  | Date: |

Paint

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

Berms

|                    |          |                     |                     |             |
|--------------------|----------|---------------------|---------------------|-------------|
| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth              | Adequate | Walls Sufficent     |                     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

|                    |   |          |              |         |        |
|--------------------|---|----------|--------------|---------|--------|
| Contents           | # | Capacity | Type         | Tank ID | SE GPS |
| PRODUCED WATER     | 1 | OTHER    | PBV CONCRETE |         | ,      |
| Comment:           |   |          |              |         |        |
| Corrective Action: |   |          |              |         | Date:  |

Paint

|                  |       |  |
|------------------|-------|--|
| Condition        |       |  |
| Other (Content)  |       |  |
| Other (Capacity) | 48bbl |  |
| Other (Type)     |       |  |

Berms

|                    |          |                     |                     |             |
|--------------------|----------|---------------------|---------------------|-------------|
| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Earth              | Adequate | Walls Sufficent     |                     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

Venting:

|                    |  |       |
|--------------------|--|-------|
| Yes/No             |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

Flaring:

|                    |  |       |
|--------------------|--|-------|
| Type               |  |       |
| Comment:           |  |       |
| Corrective Action: |  | Date: |

| Inspected Facilities |        |       |          |             |   |            |                  |
|----------------------|--------|-------|----------|-------------|---|------------|------------------|
| Facility ID:         | 450833 | Type: | SPILL OR | API Number: | - | Status: AC | Insp. Status: EI |
|                      |        |       |          |             |   |            |                  |
| Facility ID:         | 451587 | Type: | TANK     | API Number: | - | Status: AC | Insp. Status: EI |
|                      |        |       |          |             |   |            |                  |

**Environmental****Spills/Releases:**

Type of Spill: PRODUCED WATER

Estimated Spill Volume: \_\_\_\_\_

Comment: spill 450833 discovered on 12May2017 during removal of partly buried water vessel. Removal of partly buried water vessel requires submission of form 27. Impacts to ground water noted in form 19 submittals.

Corrective Action: COA date for closure of spill in approved form 19 initial is corrective action date. Submittal of form 27 is required by this date due to impacts to groundwater and also partly buried water vessel removal. Also provide correct spill coordinates as well as corrected site location map.

Date: 08/11/2017

Reportable: \_\_\_\_\_ GPS: Lat 40.214980 Long -104.929930

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

**Water Well Complaint:**

Lat \_\_\_\_\_ Long \_\_\_\_\_

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_ Comment: \_\_\_\_\_

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

| Document Num | Description      | URL                                                                                                                                                                 |
|--------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 678300795    | unused equipment | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4215103">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4215103</a> |