

**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:

07/17/2018

Submitted Date:

07/18/2018

Document Number:

690001938**FIELD INSPECTION FORM**
 Loc ID 318965 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:**6 Number of Comments1 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
242607	WELL	SI	02/01/2017	GW	123-10398	MOSER 41-28	SI

General Comment:

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

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:	No well identification sign at battery. Well name on flowline at battery located at: 40.20121, -104.66011 Sign not posted or information inaccurate at well(s) or battery		
Corrective Action:	Install sign to comply with Rule 210.b.	Date:	08/20/2018

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?**Fencing/:**

Type	WELLHEAD		
Comment:	Pipe		
Corrective Action:		Date:	

Equipment:

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

Venting:

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 242607 Type: WELL API Number: 123-10398 Status: SI Insp. Status: SI**Cement**Cement Contractor

Contractor Name: _____

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 Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: _____

Corrective Action: _____

Date: _____

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: [Shut in at flow line connection at wellhead.](#)

Corrective Action: _____

Date: _____

BradenHeadComment: [Bradenhead plumbed to surface.](#)

Corrective Action: _____

Date: _____

COGCC Comments

Comment	User	Date
Routine inspection. Corrective action required to install well id signage at battery.	carlilec	07/17/2018

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

Document Num	Description	URL
690001939	Photo	http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4526720