

**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:

10/03/2018

Submitted Date:

10/03/2018

Document Number:

678301922**FIELD INSPECTION FORM**
 Loc ID 421051 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:2 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------|-------|-------------------------------|---------------------------------|
| , | | COGCCinspections@anadarko.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 421046 | WELL | SI | 05/01/2017 | OW | 123-32804 | DECHANT 22-1 | EI |
| 421050 | WELL | SI | 05/01/2017 | OW | 123-32807 | DECHANT 35-1 | EI |
| 421054 | WELL | SI | 04/01/2017 | OW | 123-32809 | DECHANT 32-1 | EI |

General Comment:[shared location with Noble wells and Noble tank battery](#)

LocationOverall Good: ☒

| | | | |
|----------------------|----------|-------|--|
| Signs/Marker: | | | |
| 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: | | | |
| Corrective Action: | | Date: | |

| | | | |
|--------------------|------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Plunger Lift | # 10 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

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

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

| Inspected Facilities | | | | | | | | | |
|----------------------|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 421046 | Type: | WELL | API Number: | 123-32804 | Status: | SI | Insp. Status: | EI |
| Facility ID: | 421050 | Type: | WELL | API Number: | 123-32807 | Status: | SI | Insp. Status: | EI |
| Facility ID: | 421054 | Type: | WELL | API Number: | 123-32809 | Status: | SI | Insp. Status: | EI |