

**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:

01/16/2019

Submitted Date:

01/16/2019

Document Number:

674301478**FIELD INSPECTION FORM**
 Loc ID 306099 Inspector Name: Peterson, Tom 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:**7 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
,		cogccinspections@anadarko.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
285557	WELL	SI	09/01/2018	OW	123-23989	WC LAND 28-32	SI

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Unused section of 2" pipe behind crude oil tank berm. See attached photo.		
Corrective Action:	Comply with Rule 603.f .	Date:	02/19/2019

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

Equipment:

			corrective date
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 4		
Comment:	Two automation arrays and two ECD scrubbers		
Corrective Action:		Date:	

Type: Bird Protectors	# 2		
Comment:			
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 2		
Comment:	Master meter and producer check meter		
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	100 BBLS	PBV FIBERGLASS		,	
Comment:						
Corrective Action:						Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	<50 BBLS	BV CONCRETE		,	
Comment:	30 bbls					
Corrective Action:						

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:					Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	2	300 BBLS	STEEL AST		,	

Comment:		
Corrective Action:		Date:

Paint

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

Berms

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

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	285557	Type:	WELL	API Number:	123-23989	Status:	SI	Insp. Status:	SI
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="Last produced 4/2018"/>									
Corrective Action: <input type="text"/> Date: _____									
BradenHead									
Comment: <input type="text" value="Bradenhead valve is exposed at surface."/>									
Corrective Action: <input type="text"/> Date: _____									

Environmental	
Spill/Remediation:	
Comment:	
Corrective Action:	Date:
Emission Control Burner (ECB): YES	
Comment:	
Pilot: OFF	Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401907756	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4706002
674301479	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4705993