

**FORM
INSP**Rev
X/20**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:

11/05/2024

Submitted Date:

11/05/2024

Document Number:

716201177**FIELD INSPECTION FORM**Loc ID 330281 Inspector Name: Carlile, Craig On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**ECMC 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:8 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 |
|--------------|-------|-------------------------|---------------------------------|
| , Oxy | | ECMCInspections@Oxy.com | All Inspections |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|
| 250990 | WELL | SI | 07/01/2022 | GW | 123-18793 | HSR-M J FARMS 14-7 | TA |

General Comment:[This is a corrective action Wellhead audit.](#)[Any corrective actions and associated dates from previous audits or inspections that have not been resolved remain in effect.](#)

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

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

Emergency Contact Number:

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

Good Housekeeping:

| | | | |
|--------------------|----------------------|-------|------------|
| Type | DEBRIS | | |
| Comment: | Weeds at wellhead. | | |
| Corrective Action: | Comply with rule 606 | Date: | 11/13/2024 |

Overall Good: ☐**Spills:**

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

In Containment: No

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

| | | | |
|--------------------|------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | Pipe panel | | |
| Corrective Action: | | Date: | |

Equipment:

| | | | |
|--------------------|-----|-------|-----------------|
| Type: Plunger Lift | # 0 | | corrective date |
| Comment: | | | |
| Corrective Action: | | Date: | |

Tanks and Berms:

| | | | | | |
|--------------------|---------------------------------|----------|---------------------|---------|--------|
| Contents | # | Capacity | Type | Tank ID | SE GPS |
| | | | CENTRALIZED BATTERY | | , |
| Comment: | Battery location number: 330278 | | | | |
| Corrective Action: | | Date: | | | |

Paint

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

Berms

| | | | | |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|

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

Venting:

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

Flaring:

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

Inspected Facilities

Facility ID: 250990

Type: WELL

API Number: 123-18793

Status: SI

Insp. Status: TA

Idle Well

Purpose: ☐ Shut In

☒ Temporarily Abandoned

Reminder:

Comment: Well not connected with flowline.

Corrective Action:

Date:

BradenHead

Date of Last Brhd Test: 01/18/2024

Annual Brhd Completed? Yes

Last Brhd Test Results

Initial Surf Csg Pressure: 1

Fluid Type: NONE

End Surf Csg Pressure: 0

Comment: Plumbed to surface.

Corrective Action:

Date:

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

ECMC Comments

| Comment | User | Date |
|--|----------|------------|
| This is a corrective action Wellhead audit. Any corrective actions and associated dates from previous audits or inspections that have not been resolved remain in effect. | carlilec | 11/05/2024 |

Attached Documents

You can go to ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------|---|
| 716201178 | Photos | https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6773921 |