

**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:

11/14/2024

Submitted Date:

11/14/2024

Document Number:

716201233**FIELD INSPECTION FORM**Loc ID 329476 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:6 Number of Comments0 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
249606	WELL	PR	08/01/2024	GW	123-17409	MAYER 22-12L	PR

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

Location					
Overall Good: <input checked="" type="checkbox"/>					
Signs/Marker:					
Type WELLHEAD					
Comment:					
Corrective Action:					Date:
Emergency Contact Number:					
Comment:					Date:
Corrective Action:					Date:
Overall Good: <input checked="" type="checkbox"/>					
Spills:					
Type Area Volume					
In Containment: No					
Comment:					
<input type="checkbox"/> Multiple Spills and Releases?					
Fencing/:					
Type WELLHEAD					
Comment: Pipe					
Corrective Action:					Date:
Equipment:					
Type: Plunger Lift # 1					corrective date
Comment:					Date:
Corrective Action:					Date:
Tanks and Berms:					
Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		,
Comment: Battery location number: 317788					Date:
Corrective Action:					Date:
Paint					
Condition					
Other (Content)					
Other (Capacity)					
Other (Type)					
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Comment:					Date:
Corrective Action:					Date:
Venting:					

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

