

**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:

03/13/2025

Submitted Date:

03/13/2025

Document Number:

715800882**FIELD INSPECTION FORM**Loc ID 305779 Inspector Name: Revas, Robbie 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:**14 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
,		ECMCInspections@Oxy.com	<a href="#">All Inspections</a>

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
282132	WELL	TA	01/01/2025	GW	123-23470	ANDREWS 8-13	TA

**General Comment:**[This is a wellsite & tank battery scout card audit followed by a field inspection.](#)

**Location**Overall Good: ☒

<b>Signs/Marker:</b>			
Type	WELLHEAD		
Comment:	adequate		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Adequate		
Corrective Action:		Date:	
Type	BATTERY		
Comment:	adequate		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Good Housekeeping:**

Type			
Comment:	tumbleweeds need to be addressed		
Corrective Action:		Date:	

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment:

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

Type	IGNITOR/COMBUSTOR		
Comment:	Ag panel		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Ag panel		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	barb wire		
Corrective Action:		Date:	

**Equipment:**

Type: Emission Control Device	# 1		corrective date
Comment:			
Corrective Action:		Date:	

Type: Bird Protectors	# 3		
Comment:			
Corrective Action:			Date:
Type: Bradenhead	# 1		
Comment:	SI LOTO		
Corrective Action:			Date:
Type: Horizontal Heated Separator	# 2		
Comment:			
Corrective Action:			Date:
Type: Ancillary equipment	# 4		
Comment:	automation		
Corrective Action:			Date:
Type: Plunger Lift	# 0		
Comment:			
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	OTHER	FIBERGLASS 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 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 Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

**AirsID**

API Number
123-23465
123-23470

API Number	AirsID
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Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities									
Facility ID:	282132	Type:	WELL	API Number:	123-23470	Status:	TA	Insp. Status:	TA
Idle Well									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____									
Comment: <input type="text" value="SI all PR lines have been removed form 06A Doc # 403108165"/>									
Corrective Action: <input type="text"/> Date: _____									
BradenHead									
Date of Last Brhd Test: <input type="text" value="02/08/2024"/> Annual Brhd Completed? <input type="text" value="No"/>									
Last Brhd Test Results Initial Surf Csg Pressure: <input type="text" value="2"/> Fluid Type: <input type="text" value="None"/>									
End Surf Csg Pressure: <input type="text" value="--"/>									
Comment: <input type="text" value="submit test results to the ECMC surface"/>									
Corrective Action: <input type="text"/> Date: _____									
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									

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

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

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**ECMC Comments**

Comment	User	Date
<a href="#">Routine Audit/Inspection</a> Any corrective actions from previous Inspections that have not been addressed are still applicable Weather: Clear Temperature: 69* Location: Dry.	revasr	03/13/2025

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

Document Num	Description	URL
715800883	Location photos	<a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6958566">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=6958566</a>