

**FORM  
INSP**Rev  
05/11**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:

04/18/2016

Document Number:

674003639

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 246866      | 327420 | Carlile, Craig  | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 47120Name of Operator: KERR MCGEE OIL & GAS ONSHORE LPAddress: P O BOX 173779City: DENVER State: CO Zip: 80217-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

| Contact Name  | Phone          | Email                         | Comment         |
|---------------|----------------|-------------------------------|-----------------|
| , Reddy       |                | luke.reddy@anadarko.com       |                 |
| , Inspections |                | COGCCinspections@Anadarko.com | All Inspections |
| Avant, Paul   | (720) 929-6457 | Paul.Avant@Anadarko.com       | All Inspections |

**Compliance Summary:**QtrQtr: NENE Sec: 26 Twp: 3N Range: 66W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 08/17/2012 | 667600695 | PR         | PR          | SATISFACTORY                  | I        |                | No              |
| 01/04/2006 | 200084969 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 01/04/2000 | 200002691 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 246866      | WELL | PR     | 10/25/1999  | GW         | 123-14663 | HSR-BLACKFORD 1-26 | PR          | <input checked="" type="checkbox"/> |
| 427328      | WELL | PR     | 07/12/2012  | OW         | 123-34947 | CAMP 15N-26HZ      | PR          | <input checked="" type="checkbox"/> |
| 427331      | WELL | PR     | 07/12/2012  | OW         | 123-34950 | CAMP 36N-26HZ      | PR          | <input checked="" type="checkbox"/> |
| 427332      | WELL | PR     | 07/24/2012  | OW         | 123-34951 | CAMP 38C-26HZ      | PR          | <input checked="" type="checkbox"/> |
| 427351      | WELL | PR     | 07/12/2012  | OW         | 123-34956 | CAMP 37N-26HZ      | PR          | <input checked="" type="checkbox"/> |
| 427357      | WELL | DA     | 01/28/2012  | GW         | 123-34958 | CAMP 38N-26HZ      | DA          | <input type="checkbox"/>            |
| 427651      | WELL | DA     | 03/28/2012  | DA         | 123-35064 | CAMP 38N-26HZR     | DA          | <input type="checkbox"/>            |

Inspector Name: Carlile, Craig

|        |      |    |            |    |           |                 |    |                                     |
|--------|------|----|------------|----|-----------|-----------------|----|-------------------------------------|
| 428358 | WELL | PR | 07/12/2012 | OW | 123-35328 | CAMP 38N-26HZR2 | PR | <input checked="" type="checkbox"/> |
|--------|------|----|------------|----|-----------|-----------------|----|-------------------------------------|

**Equipment:**Location Inventory

|                              |                         |                     |                         |
|------------------------------|-------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: <u>2</u> | Wells: <u>6</u>     | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: _____      | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____     | LACT Unit: _____    | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: _____     | Oil Pipeline: _____ | Water Pipeline: _____   |
| Gas Compressors: _____       | VOC Combustor: _____    | Oil Tanks: _____    | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____  | Flare: _____        | Fuel Tanks: _____       |

**Location****Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
|      |                              |         |                   |      |

**Signs/Marker:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

Emergency Contact Number (S/AR): \_\_\_\_\_

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|      |      |        |                   |         |

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

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

**Equipment:**

| Type:             | # | Satisfactory/Action Required: |
|-------------------|---|-------------------------------|
| Comment           |   |                               |
| Corrective Action |   | Date: _____                   |

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

| Contents           | # | Capacity | Type                         | SE GPS |
|--------------------|---|----------|------------------------------|--------|
|                    |   |          | CENTRALIZED BATTERY          |        |
| S/AR               |   | Comment: | Shared with API 05-123-07804 |        |
| Corrective Action: |   |          | Corrective Date:             |        |

Inspector Name: Carlile, Craig

|                   |          |                     |                     |                 |  |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| Paint Condition   |          |                     |                     |                 |  |
| Other (Content)   |          |                     |                     |                 |  |
| Other (Capacity)  |          |                     |                     |                 |  |
| Other (Type)      |          |                     |                     |                 |  |
| <b>Berms</b>      |          |                     |                     |                 |  |
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |  |
|                   |          |                     |                     |                 |  |
| Corrective Action |          |                     |                     | Corrective Date |  |
| Comment           |          |                     |                     |                 |  |

|                 |  |
|-----------------|--|
| <b>Venting:</b> |  |
| Yes/No          |  |
| Comment         |  |

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| <b>Flaring:</b>    |  |                              |  |
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 246866

**Site Preparation:**

Lease Road Adeq.: Pads: Soil Stockpile:

**S/AR:**

Corrective Action: Date: CDP Num.:

**Form 2A COAs:**

| Group | User   | Comment     | Date       |
|-------|--------|-------------|------------|
| OGLA  | youngr | OK to pass. | 12/22/2011 |

**S/AR:** **Comment:**

**CA:** **Date:**

**Wildlife BMPs:**

| BMP Type                       | Comment   |
|--------------------------------|---|
| Drilling/Completion Operations | <p>1. At least seven (7) days prior to fracture stimulation, the operator is to notify all operators of non-operated wells within 300 feet of the wellbore to be fracture stimulated of the anticipated date stimulation date and the recommended best management practice to shut-in all wells within 300' of the stimulated wellbore completed in the same formation.</p> <p>2. The operator will monitor the bradenhead pressure of all wells operated by the operator within 300 feet of the well to be fracture stimulated.</p> <p>3. Bradenhead pressure gauges are to be installed 24 hours prior to stimulation. The gauges are to read at least once during every 24-hour period until 24-hours after stimulation is completed (post flowback). The gauges are to be of the type able to read current pressure and record the maximum encountered pressure in a 24-hour period. The gauge is to be reset between each 24-hour period. The pressures are to be recorded and saved. Alternate electronic measurement may be used to record the prescribed pressures. Data shall be kept for a period of one year.</p> <p>If at any time during stimulation or the 24-hour post-stimulation period, the bradenhead annulus pressure of the treatment well or offset wells increases more than 200 psig, as per Rule 341, the operator of the well being stimulated shall verbally notify the Director as soon as practicable, but no later than twenty-four (24) hours following the incident. Within fifteen (15) days after the occurrence, the operator shall submit a Sundry Notice, Form 4, giving all details, including corrective actions taken</p> |
| Drilling/Completion Operations | <p>"Prior to drilling operations, Operator may perform an anti-collision review of existing offset wells that have the potential of being within close proximity of the proposed well. This anti-collision review may include MWD or gyro surveys and surface locations of the offset wells with included error of uncertainty per survey instrument, and compared against the proposed wellpath with its respective error of uncertainty. If current surveys do not exist for the offset wells, Operator may have gyro surveys conducted to verify bottomhole location. The proposed well may only be drilled if the anti-collision review results indicate that the risk of collision is sufficiently low as defined by the anti-collision plan, with separation factors greater than 1.5, or if the risk of collision has been mitigated through other means including shutting in wells, plugging wells, increased drilling fluid in the event of lost returns or as is appropriate for the specific situation. In the event of an increased risk of collision, that risk will be mitigated to prevent harm to people, the environment or property. For the proposed well, upon conclusion of drilling operations, an as-constructed directional survey will be submitted to COGCC with the Form 5. "</p>   |

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comment:** \_\_\_\_\_

**Staking:**

**On Site Inspection (305):**

Surface Owner Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Onsite Request Received: \_\_\_\_\_ Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Inspector Name: Carlile, Craig

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

### Facility

Facility ID: 246866 Type: WELL API Number: 123-14663 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

#### BradenHead

Comment:

CA:

CA Date:

Facility ID: 427328 Type: WELL API Number: 123-34947 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

Facility ID: 427331 Type: WELL API Number: 123-34950 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

Facility ID: 427332 Type: WELL API Number: 123-34951 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

#### BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

Facility ID: 427351 Type: WELL API Number: 123-34956 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

Facility ID: 428358 Type: WELL API Number: 123-35328 Status: PR Insp. Status: PR

#### Producing Well

Comment: PR

#### BradenHead

Comment: Bradenhead plumbed to surface.

CA:

CA Date:

### Environmental

#### Spills/Releases:

Type of Spill: Description: Estimated Spill Volume:

Comment:

Inspector Name: Carlile, Craig

|  |  |                              |             |
|--|--|------------------------------|-------------|
| Corrective Action: _____               |  | Date: _____                  |             |
| Reportable: _____                      | GPS: Lat _____   | Long _____                   |             |
| Proximity to Surface Water: _____      |  | Depth to Ground Water: _____ |             |
| <b>Water Well:</b>                     |  |                              |             |
| DWR Receipt Num: _____                 |  | Owner Name: _____            | GPS : _____ |
| <b>Field Parameters:</b>               |  |                              |             |
| Sample Location: _____                 |  |                              |             |
| Emission Control Burner (ECB): Y _____ |  |                              |             |
| Comment: _____                         |  |                              |             |
| Pilot: ON _____                        | Wildlife Protection Devices (fired vessels): YES _____ |                              |             |

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

|  |   |
|--|---|
| Date Interim Reclamation Started: _____  | Date Interim Reclamation Completed: _____               |
| Land Use: RANGELAND  |   |
| Comment: _____   |   |
| 1003a. Waste and Debris removed? <u>Pass</u>   |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| Unused or unneeded equipment onsite? <u>Pass</u>   |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| Pit, cellars, rat holes and other bores closed? _____  |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| Guy line anchors marked? _____   |   |
| CM _____   |   |
| CA _____   | CA Date _____   |
| 1003b. Area no longer in use? _____  | Production areas stabilized ? <u>Pass</u>               |
| 1003c. Compacted areas have been cross ripped? _____   |   |
| 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____  |   |
| Cuttings management: _____   |   |
| 1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____ |   |
| Production areas have been stabilized? _____   | Segregated soils have been replaced? _____              |
| <b>RESTORATION AND REVEGETATION</b>  |   |
| <u>Cropland</u>  |   |
| Top soil replaced _____  | Recontoured _____ Perennial forage re-established _____ |
| <u>Non-Cropland</u>  |   |

Inspector Name: Carlile, Craig

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

Comment: \_\_\_\_\_

Overall Interim Reclamation

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_

Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: RANGELAND

Reminder: \_\_\_\_\_

Comment: \_\_\_\_\_

Well plugged \_\_\_\_\_

Pit mouse/rat holes, cellars backfilled \_\_\_\_\_

Debris removed \_\_\_\_\_

No disturbance /Location never built \_\_\_\_\_

Access Roads Regraded \_\_\_\_\_

Contoured \_\_\_\_\_

Culverts removed \_\_\_\_\_

Gravel removed \_\_\_\_\_

Location and associated production facilities reclaimed \_\_\_\_\_

Locations, facilities, roads, recontoured \_\_\_\_\_

Compaction alleviation \_\_\_\_\_

Dust and erosion control \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_

Cropland: perennial forage \_\_\_\_\_

Weeds present \_\_\_\_\_

Subsidence \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date \_\_\_\_\_

Overall Final Reclamation \_\_\_\_\_

Well Release on Active Location ☐

Multi-Well Location ☐

**Storm Water:**

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

S/A/V: SATISFACTOR  
Y

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

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment             | User     | Date       |
|---------------------|----------|------------|
| Routine inspection. | carlilec | 04/18/2016 |