

**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:

04/21/2017

Submitted Date:

04/23/2017

Document Number:

681902103**FIELD INSPECTION FORM**
 Loc ID 446499 Inspector Name: HELGELAND, GARY 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:16 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		COGCCinspections@anadarko.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
446496	WELL	DG	02/24/2017		123-43338	CAMENISCH 29C-35HZ	DG
446497	WELL	DG	02/27/2017		123-43339	CAMENISCH 3C-35HZ	DG
446498	WELL	DG	02/24/2017		123-43340	CAMENISCH 4N-35HZ	DG
446500	WELL	DG	02/26/2017		123-43341	CAMENISCH 3N-35HZ	DG
446501	WELL	DG	02/25/2017		123-43342	CAMENISCH 29N-35HZ	DG
446502	WELL	DG	02/22/2017		123-43343	CAMENISCH 30N-35HZ	DG
446503	WELL	DG	02/23/2017		123-43344	CAMENISCH 4C-35HZ	DG

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	OTHER		
Comment:	SATISFACTORY		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action: SATISFACTORY Date:

Overall Good: ☐

Spills:					
Type	Area	Volume			

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Venting:**

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 446496 Type: WELL API Number: 123-43338 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: Surface casing set and cemented.

Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD.

Corrective Action: _____ Date: _____

Facility ID: 446497 Type: WELL API Number: 123-43339 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: Surface casing set and cemented.

Corrective Action: _____ Date: _____

BradenHead

Comment: NO BRADENHEAD.

Corrective Action: _____ Date: _____

Facility ID: 446498 Type: WELL API Number: 123-43340 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: [Surface casing set and cemented.](#)

Corrective Action: _____ Date: _____

BradenHead

Comment: [NO BRADENHEAD.](#)

Corrective Action: _____ Date: _____

Facility ID: 446500 Type: WELL API Number: 123-43341 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: [Surface casing set and cemented.](#)

Corrective Action: _____ Date: _____

BradenHead

Comment: [NO BRADENHEAD.](#)

Corrective Action: _____ Date: _____

Facility ID: 446501 Type: WELL API Number: 123-43342 Status: DG Insp. Status: DG

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment: [Surface casing set and cemented.](#)

Corrective Action: _____ Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____

Date: _____

Facility ID: 446502 Type: WELL API Number: 123-43343 Status: DG Insp. Status: DG**Well Drilling**Rig: Rig Name: Neighbors X-22 Pusher/Rig Manager: _____Permit Posted: _____ Access Sign: Yes**Well Control Equipment:**Pipe Ram: _____ Blind Ram: _____ Hydril Type: YES

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____Multi-Well: YES Disposal Location: Waste ManagementComment: Well drilled to TD

Corrective Action: _____

Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____

Date: _____

Facility ID: 446503 Type: WELL API Number: 123-43344 Status: DG Insp. Status: DG**Well Drilling**Rig: Rig Name: Neighbors X-22 Pusher/Rig Manager: _____Permit Posted: Yes Access Sign: Yes**Well Control Equipment:**Pipe Ram: YES Blind Ram: YES Hydril Type: YESPressure Test BOP: Pass Test Pressure PSI: 5000 Safety Plan: YES**Drill Fluids Management:**Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____Multi-Well: YES Disposal Location: Waste ManagementComment: Well being drilled to TD

Corrective Action: _____

Date: _____

BradenHeadComment: NO BRADENHEAD.

Corrective Action: _____

Date: _____

Environmental**Spill/Remediation:**Comment: Corrective
Action: Date: Emission Control Burner (ECB): YESComment: Pilot: ONWildlife Protection Devices (fired vessels): YES**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
681902105	Rig	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4130721