

**FORM
INSP**Rev
05/11**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:

02/01/2012

Document Number:

659300135

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>298057</u>	<u>334519</u>		<u>BROWNING, CHUCK</u>

Operator Information:OGCC Operator Number: 66561 Name of Operator: OXY USA INCAddress: PO BOX 27757City: HOUSTONState: TXZip: 77227**Contact Information:**

Contact Name	Phone	Email	Comment
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Clark, Chris	970-263-3651	chris_clark@oxy.com	Field Regulatory Lead-Piceance

Compliance Summary:QtrQtr: SENE Sec: 20 Twp: 9S Range: 94W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
291698	WELL	DG	05/26/2009	LO	077-09367	STITES 21-5C	
291699	WELL	WO	08/04/2008	LO	077-09366	STITES 21-5	
291700	WELL	WO	07/04/2008	LO	077-09365	STITES 21-5A	
291701	WELL	DG	06/25/2010	GW	077-09364	STITES 21-5B	
294852	WELL	WO	12/31/2007	LO	077-09520	STITES 20-7B	
294853	WELL	WO	06/28/2011	LO	077-09521	STITES 20-7C	
294854	WELL	XX	02/20/2010	LO	077-09522	Stites 20-7A	
294855	WELL	AL	06/28/2011	LO	077-09523	STITES 20-1B	
294856	WELL	AL	06/28/2011	LO	077-09524	STITES 21-4B	
294857	WELL	AL	06/28/2011	LO	077-09525	STITES 21-4A	
294858	WELL	AL	06/28/2011	LO	077-09526	STITES 21-4C	
294859	WELL	AL	06/28/2011	LO	077-09527	STITES 20-1A	
298054	WELL	AL	06/28/2011	LO	077-09727	STITES 20-1C	
298055	WELL	AL	06/28/2011	LO	077-09726	STITES 20-1	
298057	WELL	WO	06/09/2008	LO	077-09725	STITES 20-8A	X
298058	WELL	WO	06/09/2008	LO	077-09724	STITES 20-8B	
298059	WELL	DG	06/11/2008	LO	077-09723	STITES 20-8C	
300757	WELL	XX	02/20/2010	LO	077-09921	Stites 21-4	
300758	WELL	XX	02/20/2010	LO	077-09922	Stites 20-8	
300759	WELL	XX	02/20/2010	LO	077-09923	Stites 20-7	
334519	LOCATION	AC	04/14/2009		-	STITES-69S94W 20SENE	

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	WRONG SIGN AT WELLHEAD	Install sign to comply with rule 210.b.	03/31/2012

Emergency Contact Number: (S/U/V) _____ Satisfactory _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Venting:**

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334519

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:****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:Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:**Well**

Facility ID: 298057 API Number: 077-09725 Status: WO Insp. Status: WO

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg _____
(e.g. 30 psig or -30" Hg)

Previous Test Pressure _____ MPP _____

Inj Zone: _____

TC: Pressure or inches of Hg _____

Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____

Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: 5 Year _____

Tbg psi: 0 _____

Csg psi: 822 _____

BH psi: 140 _____

Insp. Status: Pass _____

Comment: INITIAL MIT FOR INJECTION PERMIT. Pressured to 822 psi. Hold for 15 min. 0 psi loss. No change in bradenhead pressure.OK

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
 Comment: _____
 Corrective Action: _____ Date: _____
 Reportable: _____ GPS: Lat _____ Long _____
 Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

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

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? Pass CM _____ CA _____ CA Date _____
 Waste Material Onsite? Pass CM _____ CA _____ CA Date _____
 Unused or unneeded equipment onsite? Pass CM _____ CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Pass CM _____ CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____ CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____ CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

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? _____

RESTORATION AND REVEGETATION

Inspector Name: BROWNING, CHUCK

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: _____

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

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

Storm Water:

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____