

**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



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Inspection Date:

07/12/2012

Document Number:

668400575

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: HOUSTON State: TX Zip: 77227**Contact Information:**

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

Compliance Summary:QtrQtr: SENE Sec: 20 Twp: 9S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/01/2012	659300135	WO	WO	S	P		N

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	X
291699	WELL	WO	08/04/2008	LO	077-09366	STITES 21-5	X
291700	WELL	WO	07/04/2008	LO	077-09365	STITES 21-5A	X
291701	WELL	DG	06/25/2010	GW	077-09364	STITES 21-5B	X
294852	WELL	WO	12/31/2007	LO	077-09520	STITES 20-7B	X
294853	WELL	WO	03/14/2012	LO	077-09521	STITES 20-7C	X
294854	WELL	XX	02/20/2010	LO	077-09522	Stites 20-7A	X
294855	WELL	AL	06/28/2011	LO	077-09523	STITES 20-1B	X
294856	WELL	AL	06/28/2011	LO	077-09524	STITES 21-4B	X
294857	WELL	AL	06/28/2011	LO	077-09525	STITES 21-4A	X
294858	WELL	AL	06/28/2011	LO	077-09526	STITES 21-4C	X
294859	WELL	AL	06/28/2011	LO	077-09527	STITES 20-1A	X
298054	WELL	AL	06/28/2011	LO	077-09727	STITES 20-1C	X
298055	WELL	AL	06/28/2011	LO	077-09726	STITES 20-1	X
298057	WELL	IJ	02/15/2012	DSPW	077-09725	STITES 20-8A	X
298058	WELL	WO	06/09/2008	LO	077-09724	STITES 20-8B	X
298059	WELL	DG	06/11/2008	LO	077-09723	STITES 20-8C	X
300757	WELL	XX	02/20/2010	LO	077-09921	Stites 21-4	X

Inspector Name: BROWNING, CHUCK

300758	WELL	XX	02/20/2010	LO	077-09922	Stites 20-8	<input checked="" type="checkbox"/>
300759	WELL	XX	02/20/2010	LO	077-09923	Stites 20-7	<input checked="" type="checkbox"/>

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
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

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?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory	Pipe barriers		
WELLHEAD	Satisfactory	Pipe barriers		
OTHER	Satisfactory	Pipe barriers at Pumphouse		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	Pumphouse on NW corner of pad		

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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	5	400 BBLS	STEEL AST	39.265550,-107.899570	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective 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	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No		Comment			
NO					
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:**Comment:****CA:****Date:****Wildlife BMPs:****Comment:****CA:****Date:****Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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:****Facility**

Facility ID: 291698 Type: WELL API Number: 077-09367 Status: DG Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: 4.5" casing set @ 6615' 10/20/2008. Well not completed.

Facility ID: 291699 Type: WELL API Number: 077-09366 Status: WO Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: 4.5" casing set @ 7215' 9/17/2008. Well not completed.

Facility ID: 291700 Type: WELL API Number: 077-09365 Status: WO Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: 4.5" casing set @ 6550' 9/28/2008. Well not completed.

Facility ID: 291701 Type: WELL API Number: 077-09364 Status: DG Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: 4.5" casing set @ 6562' 10/9/2008. Well not completed.

Facility ID: 294852 Type: WELL API Number: 077-09520 Status: WO Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: 4.5" casing set @ 6310' 12/8/2008. Well not completed.

Facility ID: 294853 Type: WELL API Number: 077-09521 Status: WO Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: 4.5" casing set @ 6420' 11/28/2008. Well not completed.

Facility ID: 294854 Type: WELL API Number: 077-09522 Status: XX Insp. Status: ND

Facility ID: 294855 Type: WELL API Number: 077-09523 Status: AL Insp. Status: AL

Inspector Name: BROWNING, CHUCK

Facility ID:	294856	Type:	WELL	API Number:	077-09524	Status:	AL	Insp. Status:	AL
Facility ID:	294857	Type:	WELL	API Number:	077-09525	Status:	AL	Insp. Status:	AL
Facility ID:	294858	Type:	WELL	API Number:	077-09526	Status:	AL	Insp. Status:	AL
Facility ID:	294859	Type:	WELL	API Number:	077-09527	Status:	AL	Insp. Status:	AL
Facility ID:	298054	Type:	WELL	API Number:	077-09727	Status:	AL	Insp. Status:	AL
Facility ID:	298055	Type:	WELL	API Number:	077-09726	Status:	AL	Insp. Status:	AL
Facility ID:	298057	Type:	WELL	API Number:	077-09725	Status:	IJ	Insp. Status:	AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: 822

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: WMFK

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 02/01/2012

Brhd: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Well not operating at time of inspection. Notice of first injection date 4/30/2012

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID:	298058	Type:	WELL	API Number:	077-09724	Status:	WO	Insp. Status:	WO
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Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: 4.5' casing set @ 6283' 11/8/2008. Well not completed.

Facility ID:	298059	Type:	WELL	API Number:	077-09723	Status:	DG	Insp. Status:	WO
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Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: 4.5" casing set @ 6330' 12/8/2008. Well not completed.

Facility ID:	300757	Type:	WELL	API Number:	077-09921	Status:	XX	Insp. Status:	ND
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Facility ID:	300758	Type:	WELL	API Number:	077-09922	Status:	XX	Insp. Status:	ND
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Inspector Name: BROWNING, CHUCK

Facility ID: 300759 Type: WELL API Number: 077-09923 Status: XX Insp. Status: ND

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? Pass CM _____
CA _____ CA Date _____
Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

Inspector Name: BROWNING, CHUCK

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? Pass

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

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 In Process

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: Satisfactory Corrective Date: _____

Comment: _____

CA: _____