

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:	<u>66561</u>	Name of Operator:	<u>OXY USA INC</u>
Address:	<u>PO BOX 27757</u>		
City:	<u>HOUSTON</u>	State:	<u>TX</u>
		Zip:	<u>77227</u>

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:	<u>SENE</u>	Sec:	<u>20</u>	Twp:	<u>9S</u>	Range:	<u>94W</u>
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

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 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

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
<input type="checkbox"/> 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		

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

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 Well

Purpose: 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 Well

Purpose: 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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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:

DWR Receipt Num: Owner Name: GPS: Lat Long

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:

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: _____