

**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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| DE | ET | OE | ES |
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Inspection Date:

08/31/2012

Document Number:

668400668

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier Facility ID Loc ID Tracking Type Inspector Name: BROWNING, CHUCK

298057 334519 _____

Operator Information:OGCC Operator Number: 66561 Name of Operator: OXY USA INCAddress: 760 HORIZON DR #101City: GRAND JUNCTION State: CO Zip: 81506**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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 07/12/2012 | 668400575 | IJ | AC | S | I | | N |
| 02/01/2012 | 659300135 | WO | WO | S | P | | N |

Inspector Comment:

UIC-MIT after acidize well. Pressure well to 825 psi . Hold for 15 min. Final pressure 825 psi. -0 psi loss. OK See Form 21 Doc#01171410

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 | 03/14/2012 | 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 | IJ | 02/15/2012 | DSPW | 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 | |

Inspector Name: BROWNING, CHUCK

| | | | | | | | |
|--------|------|----|------------|----|-----------|-------------|--|
| 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 | |

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**Lease Road:**

| Type | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Main | Satisfactory | | | |
| Access | Satisfactory | | | |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| BATTERY | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |
| TANK LABELS/PLACARDS | Satisfactory | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

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

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|--------------|-----------------------------|----------------------------|-------------------|---------|
| OTHER | Satisfactory | Pipe Barriers at pumphouse | | |
| LOCATION | Satisfactory | Barb Wire around pad | | |
| TANK BATTERY | Satisfactory | Pipe Barriers | | |
| WELLHEAD | Satisfactory | Pipe Barriers | | |

Equipment:

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-------------|---|-----------------------------|------------------------------|-------------------|---------|
| Prime Mover | 1 | Satisfactory | Pumphouse for injection well | | |

| | | | | | |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| 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: 298057 Type: WELL API Number: 077-09725 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

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

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

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

Comment: _____

Method of Injection: PUMP FEED

Test Type: Verification of Repairs Tbg psi: 0 Csg psi: 825 BH psi: 0

Insp. Status: Pass

Comment: UIC-MIT after acidize well.
 Pressure well to 825 psi . Hold for 15 min. Final pressure 825 psi. -0 psi loss. OK
 See Form 21 Doc#01171410

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? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? Pass CM _____

CA _____ CA Date _____

1003b. Area no longer in use? PassProduction areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. Drilling pit closed? PassSubsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? PassProduction areas have been stabilized? Pass

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

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 _____ 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 | Gravel | Pass | MHSP | Pass | |

Inspector Name: BROWNING, CHUCK

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____