

**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



|    |    |    |    |
|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:

03/08/2013

Document Number:

668400991

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |                        |  |
|---------------------|---------------|---------------|------------------------|--|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection                         |
|                     | <u>298057</u> | <u>334519</u> | <u>BROWNING, CHUCK</u> | <input type="checkbox"/> 2A Doc Num: _____ |

**Operator Information:**

OGCC Operator Number: 66561 Name of Operator: OXY USA INC

Address: PO BOX 27757

City: HOUSTON State: TX Zip: 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: <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) |
| 08/31/2012          | 668400668      | IJ             | AC                | S                            | P        |                | N               |
| 07/12/2012          | 668400575      | IJ             | AC                | S                            | I        |                | N               |
| 02/01/2012          | 659300135      | WO             | WO                | S                            | P        |                | N               |

**Inspector Comment:**

Routine UIC inspection. Tbg press 801 psi, Csg press 0 psi, Bhd press 0 psi

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |   |
|-------------|------|--------|-------------|------------|-----------|---------------|---|
| 291698      | WELL | DG     | 05/26/2009  | GW         | 077-09367 | STITES 21-5C  |   |
| 291699      | WELL | WO     | 08/04/2008  | GW         | 077-09366 | STITES 21-5   |   |
| 291700      | WELL | WO     | 07/04/2008  | GW         | 077-09365 | STITES 21-5A  |   |
| 291701      | WELL | DG     | 06/25/2010  | GW         | 077-09364 | STITES 21-5B  |   |
| 294852      | WELL | WO     | 12/31/2007  | GW         | 077-09520 | STITES 20-7B  |   |
| 294853      | WELL | WO     | 03/14/2012  | GW         | 077-09521 | STITES 20-7C  |   |
| 294854      | WELL | AL     | 12/07/2012  | LO         | 077-09522 | Stites 20-7A  |   |
| 294855      | WELL | PA     | 10/30/2012  | LO         | 077-09523 | STITES 20-1B  |   |
| 294856      | WELL | PA     | 10/30/2012  | LO         | 077-09524 | STITES 21-4B  |   |
| 294857      | WELL | PA     | 10/30/2012  | LO         | 077-09525 | STITES 21-4A  |   |
| 294858      | WELL | PA     | 10/30/2012  | LO         | 077-09526 | STITES 21-4C  |   |
| 294859      | WELL | PA     | 10/30/2012  | LO         | 077-09527 | STITES 20-1A  |   |
| 298054      | WELL | AL     | 06/28/2011  | LO         | 077-09727 | STITES 20-1C  |   |
| 298055      | WELL | PA     | 10/30/2012  | LO         | 077-09726 | STITES 20-1   |   |
| 298057      | WELL | IJ     | 02/15/2012  | GW         | 077-09725 | STITES 20-8A  | X |
| 298058      | WELL | WO     | 06/09/2008  | GW         | 077-09724 | STITES 20-8B  |   |

Inspector Name: BROWNING, CHUCK

|        |      |    |            |    |           |              |  |
|--------|------|----|------------|----|-----------|--------------|--|
| 298059 | WELL | DG | 06/11/2008 | GW | 077-09723 | STITES 20-8C |  |
| 300757 | WELL | AL | 12/07/2012 | LO | 077-09921 | Stites 21-4  |  |
| 300758 | WELL | PA | 10/30/2012 | LO | 077-09922 | Stites 20-8  |  |
| 300759 | WELL | PA | 10/30/2012 | 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 |
|----------------------|-----------------------------|---------|-------------------|---------|
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| BATTERY              | 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 |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory                |         |                   |         |
| LOCATION | Satisfactory                |         |                   |         |

**Equipment:**

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

|                          |                             |                                   |                     |                        |  |
|--------------------------|-----------------------------|-----------------------------------|---------------------|------------------------|--|
| <b>Facilities:</b>       |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____         |  |
| Contents                 | #                           | Capacity                          | Type                | SE GPS                 |  |
| PRODUCED WATER           | 5                           | 400 BBLS                          | STEEL AST           | 39.265550,-108.899120  |  |
| S/U/V:                   | Satisfactory                |                                   | Comment: _____      |                        |  |
| Corrective Action: _____ |                             |                                   |                     | Corrective Date: _____ |  |
| <b>Paint</b>             |                             |                                   |                     |                        |  |
| Condition                | Adequate                    |                                   |                     |                        |  |
| Other (Content) _____    |                             |                                   |                     |                        |  |
| Other (Capacity) _____   |                             |                                   |                     |                        |  |
| Other (Type) _____       |                             |                                   |                     |                        |  |
| <b>Berms</b>             |                             |                                   |                     |                        |  |
| Type                     | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance            |  |
| Metal                    | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate               |  |
| Corrective Action        |                             |                                   |                     | Corrective Date        |  |
| Comment _____            |                             |                                   |                     |                        |  |
| <b>Venting:</b>          |                             |                                   |                     |                        |  |
| Yes/No                   |                             | Comment                           |                     |                        |  |
| NO                       |                             |                                   |                     |                        |  |
| <b>Flaring:</b>          |                             |                                   |                     |                        |  |
| 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 801 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: 08/31/2012

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC inspection. Tbg press 801 psi, Csg press 0 psi, Bhd press 0 psi

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

**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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass Subsidence 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? \_\_\_\_\_

Production areas have been stabilized? \_\_\_\_\_ 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 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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Berms            | Pass            | Gravel                  | Pass                  | MHSP          | Pass                     |         |

Inspector Name: BROWNING, CHUCK

S/U/V: Satisfactory      Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_