

<b>FORM INSP</b>  Rev 05/11	<b>State of Colorado</b>				DE	ET	OE	ES
	<b>Oil and Gas Conservation Commission</b>				Inspection Date: <u>07/12/2013</u>			
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109								

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	292348	334521	BURGER, CRAIG		

Document Number:  
670200641

Overall Inspection:  
Satisfactory

**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
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Clark, Chris	970-263-3651	chris_clark@oxy.com	Field Regulatory Lead-Piceance

**Compliance Summary:**

QtrQtr: SWNE Sec: 26 Twp: 8S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/16/2011	200303064	PR	PR	S			N

**Inspector Comment:**

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**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
278014	WELL	PR	10/15/2006	GW	077-08896	HELLS GULCH FEDERAL 24-13	X
278016	WELL	PR	08/18/2010	GW	077-08894	HELLS GULCH FEDERAL 26-2	X
278017	WELL	PR	11/15/2006	GW	077-08893	HELLS GULCH FEDERAL 26-11	X
278018	WELL	SI	09/05/2007	GW	077-08892	HELLS GULCH FEDERAL 25-12	X
292341	WELL	PR	04/23/2009	GW	077-09398	HELLS GULCH FED. 23-15A	X
292342	WELL	PR	04/23/2009	GW	077-09397	HELLS GULCH FED. 23-15B	X
292343	WELL	PR	10/16/2009	GW	077-09396	HELLS GULCH FED. 23-15C	X
292344	WELL	PR	11/01/2008	GW	077-09399	HELLS GULCH FED. 25-5	X
292345	WELL	PR	01/01/2011	GW	077-09395	HELLS GULCH FED. 26-2A	X
292346	WELL	PR	01/01/2011	GW	077-09394	HELLS GULCH FED. 26-2B	X
292347	WELL	PR	07/01/2011	GW	077-09393	HELLS GULCH FED. 26-2C	X
292348	WELL	PR	10/01/2008	GW	077-09392	HELLS GULCH FED. 23-15	X

**Equipment:** Location Inventory

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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**

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	Incorrect volume on labels.	Install sign to comply with rule 210.d.	08/16/2013

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	wire fence		

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	12	Satisfactory	Check unit for well 23-15 for proper operation. Some peeling paint.		
Ancillary equipment	2	Satisfactory	descaler units		
Plunger Lift	13				
Gathering Line	1	Satisfactory			
Bird Protectors	6	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment:	same berm as 400 bbl tanks	
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	400 BBLS	STEEL AST	39.334560, -107.630420
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<u>Berms</u>				
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

<b>Flaring:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 334521

**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: 278014 Type: WELL API Number: 077-08896 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: 278016 Type: WELL API Number: 077-08894 Status: PR Insp. Status: PR

<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	278017	Type:	WELL	API Number:	077-08893	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	278018	Type:	WELL	API Number:	077-08892	Status:	SI	Insp. Status:	SI
<b>Idle Well</b>									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned    Reminder: _____									
S/V: Satisfactory    CA Date: _____									
CA: <input type="text"/>									
Comment: <input type="text" value="Shut in since 2008, MIT Nov 2011."/>									
Facility ID:	292341	Type:	WELL	API Number:	077-09398	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	292342	Type:	WELL	API Number:	077-09397	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	292343	Type:	WELL	API Number:	077-09396	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	292344	Type:	WELL	API Number:	077-09399	Status:	PR	Insp. Status:	SI
<b>Idle Well</b>									
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned    Reminder: _____									
S/V: Satisfactory    CA Date: _____									
CA: <input type="text"/>									
Comment: <input type="text" value="Shut in since June 2012."/>									
Facility ID:	292345	Type:	WELL	API Number:	077-09395	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	292346	Type:	WELL	API Number:	077-09394	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	292347	Type:	WELL	API Number:	077-09393	Status:	PR	Insp. Status:	PR
<b>Producing Well</b>									
Comment: <input type="text" value="plunger lift"/>									
Facility ID:	292348	Type:	WELL	API Number:	077-09392	Status:	PR	Insp. Status:	PR

**Producing Well**

Comment: plunger lift. Light hiss at needle valve to transducer.

**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): N

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

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): YES

**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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

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? 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**

**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
Waddles	Pass					
Sediment Traps	Pass					
Seeding	Pass	Culverts	Pass	MHSP	Pass	
Ditches	Pass					
Gravel	Pass	Ditches	Pass			
Rip Rap	Pass	Rip Rap	Pass			

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

Comment: Remove gravel filled bags that are laying by ditches on access road.

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