

**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:

07/12/2013

Document Number:

670200642

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>278015</u>	<u>311750</u>	<u>BURGER, CRAIG</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
Clark, Chris		Chris_Clark@oxy.com	
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:

QtrQtr: SENW 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)
11/08/2011	659300005	PR	SI	S			N
03/16/2011	200303130	PR	PR	S			N

Inspector Comment:

Inspection overall unsatisfactory due to spills and leaking equipment.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
278011	WELL	PR	09/05/2007	GW	077-08899	HELLS GULCH FEDERAL 26-3	<input checked="" type="checkbox"/>
278012	WELL	PR	08/01/2011	GW	077-08898	HELLS GULCH FEDERAL 26-4	<input checked="" type="checkbox"/>
278013	WELL	PR	11/01/2008	LO	077-08897	HELLS GULCH FEDERAL 26-5	<input checked="" type="checkbox"/>
278015	WELL	SI	11/17/2011	GW	077-08895	HELLS GULCH FEDERAL 26-6	<input checked="" type="checkbox"/>
290044	WELL	PR	10/12/2007	GW	077-09279	HELLS GULCH FED. 26-3B	<input checked="" type="checkbox"/>
290045	WELL	PR	01/01/2011	GW	077-09278	HELLS GULCH FED. 26-3A	<input checked="" type="checkbox"/>
290046	WELL	SI	10/02/2008	GW	077-09277	HELLS GULCH FED. 26-5B	<input checked="" type="checkbox"/>
290047	WELL	PR	06/24/2008	GW	077-09276	HELLS GULCH FED. 26-5A	<input checked="" type="checkbox"/>
290048	WELL	PR	10/25/2008	GW	077-09275	HELLS GULCH FED 26-4C	<input checked="" type="checkbox"/>
290049	WELL	PR	10/25/2008	GW	077-09274	HELLS GULCH FED. 26-4B	<input checked="" type="checkbox"/>
290050	WELL	PR	10/24/2008	GW	077-09273	HELLS GULCH FED. 26-4A	<input checked="" type="checkbox"/>
290051	WELL	PR	01/01/2011	GW	077-09272	HELLS GULCH FED. 26-3C	<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			
TANK LABELS/PLACARDS	Unsatisfactory	Incorrect volumes on tank labels. Unlabeled empty open top tank on location.	Install signs to comply with rule 210.d.	08/16/2013

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	Open top tank, flatbed, and gradall on location from recent workover operations.		

Spills:

Type	Area	Volume	Corrective action	CA Date
Lube Oil	WELLHEAD	<= 5 bbls	Lube oil appears to have been at wellhead API #077-08898. Clean up spill.	07/26/2013
Methanol	WELLHEAD	<= 5 bbls	Personnel informed staff that the descaler input valve at API#077-08899 was damaged by a vehicle and left flowing. He estimated 1 quart spilled and some gas vented. Clean up and provide SPCC training to employees. involved.	07/26/2013

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

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	wire fence		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Heated Separator	4	Satisfactory			
Gathering Line	1	Satisfactory			
Bird Protectors	5	Satisfactory			

Inspector Name: BURGER, CRAIG

Plunger Lift	12	Satisfactory			
Horizontal Heated Separator	8	Satisfactory			
Ancillary equipment	1	Satisfactory	descaler unit		
Gas Meter Run	1	Satisfactory			

Facilities:☐ 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:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	7	400 BBLS	STEEL AST	39.334900,-107.638930
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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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
YES	minor venting from leaking wellhead equipment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 311750

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: 278011 Type: WELL API Number: 077-08899 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 278012 Type: WELL API Number: 077-08898 Status: PR Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: Shut in since Nov 2012. Recent workover operations reportedly removed about 600 ft of sand from tubing.

Facility ID: 278013 Type: WELL API Number: 077-08897 Status: PR Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: Last production Aug 2011. MIT performed Nov 2011.

Facility ID: 278015 Type: WELL API Number: 077-08895 Status: SI Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: Last produced Aug 2011. MIT performed Nov 2011.

Facility ID: 290044 Type: WELL API Number: 077-09279 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift hissing. Bradenhead piped to production equipment.

Facility ID: 290045 Type: WELL API Number: 077-09278 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290046 Type: WELL API Number: 077-09277 Status: SI Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
S/V: CA Date: _____
CA: _____
Comment: MIT performed Nov 2011.

Facility ID: 290047 Type: WELL API Number: 077-09276 Status: PR Insp. Status: PR

Producing Well

Comment: tubing wheel valve hissing

Facility ID: 290048 Type: WELL API Number: 077-09275 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290049 Type: WELL API Number: 077-09274 Status: PR Insp. Status: PR

Producing Well

Comment: tubing wheel valve hissing

Facility ID: 290050 Type: WELL API Number: 077-09273 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 290051 Type: WELL API Number: 077-09272 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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: Some sluffing of fill against cut slope on south side of pad needs to be addressed.

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? _____ Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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
Berms	Pass	Waddles	Pass			
Seeding	Pass	Culverts	Pass			
Gravel	Pass	Rip Rap	Pass			
Ditches	Pass	Ditches	Pass			

Inspector Name: BURGER, CRAIG

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____