

**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
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Inspection Date:

07/17/2013

Document Number:

668401511

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>273824</u>	<u>334508</u>	<u>BROWNING, CHUCK</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 66561 Name of Operator: OXY USA INCAddress: PO BOX 27757City: HOUSTON State: TX Zip: 77227**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
McKinney, Ken	970-985-0384	Ken_McKinney@oxy.com	

Compliance Summary:

QtrQtr: <u>NWSE</u>	Sec: <u>11</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)
08/14/2012	668400630	SI	SI	S	I		N
07/16/2010	200264695	RT	AO	U			Y
08/31/2009	200217384	RT	TA	S			N
11/16/2007	200121993	MI	SI	S			N
05/29/2007	200113596	MI	SI	S	I	P	N
05/29/2007	200112145	PR	SI	S	I	P	N
01/23/2007	200107088	PR	PR	S	I	P	N
12/08/2006	200101583	PR	SI	S	I	P	N
06/06/2006	200096664	PR	PR	U		F	Y
10/05/2004	200064517	DG	ND	S		P	N

Inspector Comment:

UIC-MIT.Pressured well to 501 psi. Hold for 15 min. Final pressure 501psi. -0 psi loss. OKSee attached Form 21 Doc# 02121967

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
221743	WELL	DA	07/25/1985	DA	077-08345	MCDANIEL 1-11	<input type="checkbox"/>
221964	WELL	PR	06/24/2008	GW	077-08566	MCDANIEL 11-10	<input type="checkbox"/>
273822	WELL	PR	08/18/2009	GW	077-08818	MC DANIEL 11-8	<input type="checkbox"/>
273823	WELL	PR	06/01/2011	GW	077-08817	MCDANIEL 11-9	<input type="checkbox"/>
273824	WELL	SI	09/05/2007	DSPW	077-08815	MCDANIEL 11-16	<input checked="" type="checkbox"/>
273825	WELL	AL	09/23/2005	LO	077-08816	MCDANIEL 11-15	<input type="checkbox"/>
274048	WELL	AL	08/03/2006	LO	077-08827	MCDANIEL 11-14	<input type="checkbox"/>

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296115	WELL	AL	06/28/2011	LO	077-09651	MCDANIEL 11-16B	
296116	WELL	PR	12/14/2010	GW	077-09652	MCDANIEL 11-16A	
296117	WELL	PA	10/10/2012	LO	077-09653	MCDANIEL 11-15C	
296118	WELL	PR	07/01/2011	GW	077-09654	MCDANIEL 11-9C	
296119	WELL	PR	07/01/2011	GW	077-09655	MCDANIEL 11-9B	
296120	WELL	PR	06/26/2010	GW	077-09650	MCDANIEL 11-10C	
296121	WELL	PR	06/18/2010	GW	077-09649	MCDANIEL 11-10A	
296122	WELL	PA	10/10/2012	LO	077-09648	MCDANIEL 11-15A	
296123	WELL	PA	10/10/2012	LO	077-09647	MCDANIEL 11-15B	
296124	WELL	PR	12/13/2010	GW	077-09646	MCDANIEL 11-10B	
297881	WELL	PR	10/01/2012	GW	077-09709	MCDANIEL 11-9A	

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
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334508

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: 273824 Type: WELL API Number: 077-08815 Status: SI Insp. Status: SI

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: 11/16/2007

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

Comment: _____

Method of Injection: _____

Test Type: 5 Year Tbg psi: 0 Csg psi: 501 BH psi: 0

Insp. Status: Pass

Comment: UIC-MIT.
 Pressured well to 501 psi. Hold for 15 min. Final pressure 501psi. -0 psi loss. OK
 See attached Form 21 Doc# 02121967

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 ? 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 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: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
668401512	Form 21 Doc#02121967	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3150309