

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:
07/26/2013

Document Number:
668401553

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	<u>282479</u>	<u>334515</u>	<u>BROWNING, CHUCK</u>	2A Doc Num: _____

Operator Information:

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

Address: 760 HORIZON DR #101

City: 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: NESW Sec: 18 Twp: 10S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/07/2008	200200801	PR	PR	S			N
12/09/2006	200101727	PR	PR	S	I	P	N

Inspector Comment:

3-Wellheads . 1-triple Separator, Meter, 2-300 bbl steel tanks w/ metal berms.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
221616	WELL	PA	03/20/2006	GW	077-08218	WILLIAMS 18-3	X
258013	WELL	PA	08/31/2001	DA	077-08713	WILLIAMS 18-3B	X
282474	WELL	AL	11/17/2009	LO	077-08995	CAMPBELL 18-12	X
282475	WELL	PR	06/24/2008	GW	077-08994	CAMPBELL 18-14	X
282476	WELL	PR	01/10/2006	GW	077-08993	CAMPBELL 18-13	X
282479	WELL	PR	06/24/2008	GW	077-08992	CAMPBELL 18-11	X

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
Access	Satisfactory			
Main	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	4	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	3	Satisfactory			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 BBLS	STEEL AST	39.187470,-107.927990

S/U/V: Satisfactory Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	<u>Adequate</u>
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	<u>Adequate</u>	<u>Walls Sufficient</u>	<u>Base Sufficient</u>	<u>Adequate</u>

Corrective Action _____ Corrective Date _____

Comment _____

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334515

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: <u>221616</u>	Type: <u>WELL</u>	API Number: <u>077-08218</u>	Status: <u>PA</u>	Insp. Status: <u>PA</u>
Facility ID: <u>258013</u>	Type: <u>WELL</u>	API Number: <u>077-08713</u>	Status: <u>PA</u>	Insp. Status: <u>PA</u>
Facility ID: <u>282474</u>	Type: <u>WELL</u>	API Number: <u>077-08995</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>282475</u>	Type: <u>WELL</u>	API Number: <u>077-08994</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

Producing Well

Comment: 3-Wellheads . 1-triple Separator, Meter, 2-300 bbl steel tanks w/ metal berms.

Facility ID: <u>282476</u>	Type: <u>WELL</u>	API Number: <u>077-08993</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>3-Wellheads . 1-triple Separator, Meter, 2-300 bbl steel tanks w/ metal berms.</u>				
Facility ID: <u>282479</u>	Type: <u>WELL</u>	API Number: <u>077-08992</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>3-Wellheads . 1-triple Separator, Meter, 2-300 bbl steel tanks w/ metal berms.</u>				

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? 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? Pass

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 <input type="checkbox"/>				
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	
S/U/V: Satisfactory _____ Corrective Date: _____						
Comment: _____						
CA: _____						