

FORM  
INSPRev  
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:

08/01/2013

Document Number:

663801378

Overall Inspection:

**Unsatisfactory**

## FIELD INSPECTION FORM

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 324160      | 324160 | LONGWORTH, MIKE | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 66571 Name of Operator: OXY USA WTP LP

Address: P O BOX 27757

City: HOUSTON State: TX Zip: 77227

**Contact Information:**

| Contact Name    | Phone | Email                      | Comment |
|-----------------|-------|----------------------------|---------|
| KELLERBY, SHAUN |       | shaun.kellerby@state.co.us |         |
| Clark, Chris    |       | Chris_Clark@oxy.com        |         |

**Compliance Summary:**

QtrQtr: NENE Sec: 17 Twp: 6S Range: 97W

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        |   |
|-------------|------|--------|-------------|------------|-----------|----------------------|---|
| 260062      | WELL | PR     | 07/01/2011  | GW         | 045-07810 | CASCADE CREEK 617-41 | X |
| 273646      | PIT  | CL     | 12/09/2011  |            | -         | MCM 83-92            |   |

**Equipment:**Location Inventory

|                             |                        |                     |                         |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____   | Wells: _____        | Production Pits: _____  |
| Condensate Tanks: _____     | Water Tanks: _____     | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Motors: _____ | 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                |         |                   |      |

**Signs/Marker:**

| Type                 | Satisfactory/Unsatisfactory | Comment                               | Corrective Action | CA Date |
|----------------------|-----------------------------|---------------------------------------|-------------------|---------|
| CONTAINERS           | Satisfactory                | Chemical tote at well head is labeled |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                | Placard tanks                         |                   |         |

Inspector Name: LONGWORTH, MIKE

|          |              |   |  |  |
|----------|--------------|---|--|--|
| WELLHEAD | Satisfactory | Sign wired to well head. Sign at fence is swinging from one corner of sign frame. |  |  |
| BATTERY  | Satisfactory |   |  |  |

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

Corrective Date: \_\_\_\_\_

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

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

**Good Housekeeping:**

| Type             | Satisfactory/Unsatisfactory | Comment                  | Corrective Action       | CA Date    |
|------------------|-----------------------------|--------------------------|-------------------------|------------|
| WEEDS            | Unsatisfactory              | Continue weed control    | Cut and control weeds   | 08/17/2013 |
| UNUSED EQUIPMENT | Unsatisfactory              | Racks poly pipe at well. | remove unused equipment | 08/31/2013 |

**Spills:**

| Type     | Area     | Volume    | Corrective action                     | CA Date    |
|----------|----------|-----------|---------------------------------------|------------|
| Lube Oil | WELLHEAD | <= 5 bbls | Clean up stained area around wellhead | 08/05/2013 |

☐ Multiple Spills and Releases?

**Fencing/:**

| Type      | Satisfactory/Unsatisfactory | Comment                    | Corrective Action | CA Date |
|-----------|-----------------------------|----------------------------|-------------------|---------|
| WELLHEAD  | Satisfactory                | Fence is starting to lean. |                   |         |
| SEPARATOR | Satisfactory                |                            |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment                    | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|----------------------------|-------------------|---------|
| Plunger Lift                | 1 | Satisfactory                |                            |                   |         |
| Ancillary equipment         | 1 | Satisfactory                |                            |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                | Separator/dehydrator combo |                   |         |
| Bird Protectors             | 2 | Satisfactory                |                            |                   |         |
| Dehydrator                  | 1 | Satisfactory                | Separator/dehydrator combo |                   |         |

Inspector Name: LONGWORTH, MIKE

|                        |                             |                                   |                     |                      |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| CONDENSATE             | 1                           | 400 BBLS                          | STEEL AST           | ,                    |  |
| 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          |  |
|                        |                             |                                   |                     |                      |  |
| Corrective Action      |                             |                                   |                     | Corrective Date      |  |
| Comment                |                             |                                   |                     |                      |  |
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| PRODUCED WATER         | 3                           | 400 BBLS                          | STEEL AST           | 39.528850,108.236920 |  |
| 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 Sufficent                   | 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: 324160

**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: 260062 Type: WELL API Number: 045-07810 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**Environmental****Spills/Releases:**

Inspector Name: LONGWORTH, MIKE

|                                   |                              |                               |
|-----------------------------------|------------------------------|-------------------------------|
| Type of Spill: _____              | Description: _____           | Estimated Spill Volume: _____ |
| Comment: _____                    |                              |                               |
| Corrective Action: _____          |                              | Date: _____                   |
| Reportable: _____                 | GPS: Lat _____               | Long _____                    |
| Proximity to Surface Water: _____ | Depth to Ground Water: _____ |                               |

|                        |                   |             |            |
|------------------------|-------------------|-------------|------------|
| <b>Water Well:</b>     |                   | 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? <u>Fail</u>  | CM <u>Frac sand under stored poly pipe</u>                                  |         |  |
| CA     | <div style="border: 1px solid red; padding: 2px;">Clean up debri</div>                   |   | CA Date | <div style="border: 1px solid red; padding: 2px;">08/31/2013</div> |
|        | Waste Material Onsite? <u>Pass</u>   | CM _____  |         |  |
| CA     | _____  |   | CA Date | _____  |
|        | Unused or unneeded equipment onsite? <u>Fail</u>   | CM <u>poly pipe stacked on location</u>                                     |         |  |
| CA     | <div style="border: 1px solid red; padding: 2px;">Remove unused/unneeded equipment</div> |   | CA Date | <div style="border: 1px solid red; padding: 2px;">08/31/2013</div> |
|        | Pit, cellars, rat holes and other bores closed? <u>Pass</u>                              | CM _____  |         |  |
| CA     | _____  |   | CA Date | _____  |
|        | Guy line anchors removed? <u>Fail</u>  | CM <div style="border: 1px solid red; padding: 2px;">Unmarked deadmen</div> |         |  |
| CA     | <div style="border: 1px solid red; padding: 2px;">Mark or remove deadmen</div>           |   | CA Date | <div style="border: 1px solid red; padding: 2px;">08/31/2013</div> |
|        | Guy line anchors marked? <u>Fail</u>   | CM <div style="border: 1px solid red; padding: 2px;">Unmarked deadmen</div> |         |  |
| CA     | <div style="border: 1px solid red; padding: 2px;">Mark or remove deadmen</div>           |   | CA Date | <div style="border: 1px solid red; padding: 2px;">08/31/2013</div> |

1003b. Area no longer in use? In Production areas stabilized ? Pass

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

1003d. Drilling pit closed? \_\_\_\_\_ Subsidence over on drill pit? \_\_\_\_\_

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

Inspector Name: LONGWORTH, MIKE

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

Perennial forage re-established \_\_\_\_\_

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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

Overall Interim Reclamation \_\_\_\_\_ Fail \_\_\_\_\_

**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   |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |   |
| Ditches          | Pass            | Culverts                | Pass                  |               |                          |   |
| Gravel           | Pass            | Ditches                 |                       |               |                          | Road grader maintaining ditches                   |
| Seeding          |                 | Gravel                  | Pass                  |               |                          |   |
| Berms            | Pass            | Berms                   | Pass                  | MHSP          | Pass                     | Secondary containment for well treatment chemical |

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

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

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

|         |             |            |                 |
|---------|-------------|------------|-----------------|
| Permit: | Facility ID | Permit Num | Expiration Date |
|         | 273646      | 1485703    |                 |