

**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 |
|----|----|----|----|

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: |
|                     | <u>324160</u> | <u>324160</u> | <u>LONGWORTH, MIKE</u> | <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 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                |         |                   |      |

**Signs/Marker:**

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

|          |              |   |  |  |
|----------|--------------|---|--|--|
| 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: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                             |                          |                         |            |
|---------------------------|-----------------------------|--------------------------|-------------------------|------------|
| 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 |

| <b>Spills:</b> |          |           |                                       |            |
|----------------|----------|-----------|---------------------------------------|------------|
| 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?

| <b>Fencing/:</b> |                             |                            |                   |         |
|------------------|-----------------------------|----------------------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment                    | Corrective Action | CA Date |
| WELLHEAD         | Satisfactory                | Fence is starting to lean. |                   |         |
| SEPARATOR        | Satisfactory                |                            |                   |         |

| <b>Equipment:</b>           |   |                             |                            |                   |         |
|-----------------------------|---|-----------------------------|----------------------------|-------------------|---------|
| 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 |                   |         |

|                    |              |                                   |                     |                  |
|--------------------|--------------|-----------------------------------|---------------------|------------------|
| <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 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: 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:**

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? Fail CM Frac sand under stored poly pipe

CA Clean up debri CA Date 08/31/2013

Waste Material Onsite? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? Fail CM poly pipe stacked on location

CA Remove unused/unneeded equipment CA Date 08/31/2013

Pit, cellars, rat holes and other bores closed? Pass CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors removed? Fail CM Unmarked deadmen

CA Mark or remove deadmen CA Date 08/31/2013

Guy line anchors marked? Fail CM Unmarked deadmen

CA Mark or remove deadmen CA Date 08/31/2013

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

| <b>Storm Water:</b> |                 |                         |                       |               |                          |   |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---|
| 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    |                 |