

**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:

09/03/2013

Document Number:

663902111

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

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

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
Clark, Chris		Chris_Clark@oxy.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: <u>NENE</u>	Sec: <u>17</u>	Twp: <u>6S</u>	Range: <u>97W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/01/2013	663801378			U	F		N

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	<input checked="" type="checkbox"/>
273646	PIT	CL	12/09/2011		-	MCM 83-92	<input type="checkbox"/>
291977	PIT	AC			-	CC POND 7/617-41	<input checked="" type="checkbox"/>
414399	PIT	CL	08/14/2012		-	CC POND 11	<input type="checkbox"/>

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
Access	Satisfactory			

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

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Satisfactory			
UNUSED EQUIPMENT	Violation	Poly pipe has not been remove. Per previous Insp. Doc 663801378 Dated 8/1/13	Remove unneed equipment from location and respond with a Form 42 when action is complete.	09/13/2013

Spills:				
Type	Area	Volume	Corrective action	CA Date
Lube Oil	WELLHEAD	<= 5 bbls	Stain at well head has not been cleaned up. Per previous Insp. Doc 663801378 Dated 8/1/13. Clean up stain and respoond with a Form 42 when action is complete.	09/05/2013

☐ Multiple Spills and Releases?

Venting:		
Yes/No	Comment	

Flaring:				
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

Facility ID: 291977 Type: PIT API Number: - Status: AC Insp. Status: IO

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. Per previous Insp. Doc 663801378 Dated 8/1/13

CA Clean up debris and respond with a Form 42 when actions are complete.

CA Date 09/13/2013

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Fail CM Poly pipe has not been remove. Per previous Insp. Doc

CA Remove unneeded equipment and respond with a Form 42 when actions are complete.

CA Date 09/13/2013

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? Fail 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? Fail

Production areas have been stabilized? _____

Segregated soils have been replaced? _____

Inspector Name: LONGWORTH, MIKE

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? _____

Comment: Form 4 needed for Reclamation. Reclaim areas no longer in use.

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
Berms	Pass	Compaction	Pass			
Compaction	Pass	Culverts	Pass			
Waddles	Pass	Seeding				
Seeding	Fail	Ditches	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____

Pits:

Inspector Name: LONGWORTH, MIKE

Pit Type: Produced Water Lined: YES Pit ID: _____ Lat: 39.531460 Long: -108.235180

Lining:

Liner Type: _____ Liner Condition: Adequate

Comment: _____

Fencing:

Fencing Type: Livestock Fencing Condition: _____

Comment: Two panels not wire to tee post in the north east corner.

Netting:

Netting Type: _____ Netting Condition: _____

Comment: No netting or flags

Anchor Trench Present: YES Oil Accumulation: NO 2+ feet Freeboard: _____

Pit (S/U/V): Satisfactory Comment: Some bacteria are in the north corner. Skim and treat bacteria.

Corrective Action: _____ Date: _____

Permit:	Facility ID	Permit Num	Expiration Date
	273646	1485703	
	291977	1433706	
	414399	1630649	
	414399	1630649	