

**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



| | | | |
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| DE | ET | OE | ES |
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Inspection Date:

09/12/2013

Document Number:

670200855

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>277500</u> | <u>334507</u> | <u>BURGER, CRAIG</u> | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 66561 Name of Operator: OXY USA INCAddress: PO BOX 27757City: HOUSTONState: TXZip: 77227**Contact Information:**

| Contact Name | Phone | Email | Comment |
|-----------------|----------------|----------------------------|----------------------------------|
| Clark, Chris | (970) 263-3628 | Chris_Clark@oxy.com | Field Regulatory Lead - Piceance |
| Kellerby, Shaun | | Shaun.Kellerby@state.co.us | NW Field Supervisor |

Compliance Summary:QtrQtr: NWSE Sec: 2 Twp: 9S Range: 92W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/16/2011 | 200302514 | PR | PR | S | | | N |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------------------|-------------------------------------|
| 277500 | WELL | PR | 10/29/2007 | GW | 077-08876 | HELLS GULCH FEDERAL 2-9 | <input checked="" type="checkbox"/> |
| 277501 | WELL | PR | 10/20/2010 | GW | 077-08875 | HELLS GULCH FEDERAL 2-10 | <input checked="" type="checkbox"/> |
| 277502 | WELL | PR | 10/24/2007 | GW | 077-08874 | HELLS GULCH FEDERAL 2-15 | <input checked="" type="checkbox"/> |
| 277503 | WELL | PR | 10/07/2007 | GW | 077-08873 | HELLS GULCH FEDERAL 2-16 | <input checked="" type="checkbox"/> |
| 281422 | WELL | PR | 10/25/2007 | GW | 077-08962 | HELLS GULCH FEDERAL 2-7 | <input checked="" type="checkbox"/> |
| 291795 | WELL | AL | 05/15/2012 | LO | 077-09376 | Hell's Gulch Federal 1-12 | <input type="checkbox"/> |
| 291798 | WELL | AL | 05/15/2012 | LO | 077-09377 | Hell's Gulch Federal 2-11 | <input type="checkbox"/> |

Equipment:**Location Inventory**

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

| Signs/Marker: | | | | |
|----------------------|-----------------------------|---|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| WELLHEAD | Satisfactory | Hells Gulch Federal 2-7 has API#077-08877 on sign. Should be API#077-08962. | | |
| 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 |
| LOCATION | Satisfactory | barbed wire | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|----------------------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Gathering Line | 1 | Satisfactory | | | |
| Vertical Heated Separator | 4 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Ancillary equipment | 1 | Satisfactory | foamer/descaler unit | | |
| Bird Protectors | 2 | Satisfactory | | | |
| Plunger Lift | 5 | Satisfactory | | | |
| Horizontal Heated Separator | 1 | Satisfactory | | | |

| | | | | | |
|------------------------|--------------|-----------------------------------|-------------------------------------|------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| METHANOL | 1 | 1000 GAL | STEEL AST | , | |
| S/U/V: | Satisfactory | | Comment: same berm as 400 bbl tanks | | |
| 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 | | | | | |

| | | | | | |
|------------------------|--------------|-----------------------------------|---------------------|------------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | | Tank ID: _____ | |
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 3 | 400 BBLS | STEEL AST | 39.299950, -107.629590 | |
| 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 | | | | | |

| | | | |
|-----------------|---------|--|--|
| Venting: | | | |
| Yes/No | Comment | | |
| NO | | | |

| | | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|--|
| Flaring: | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 334507

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: 277500 Type: WELL API Number: 077-08876 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 277501 Type: WELL API Number: 077-08875 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 277502 Type: WELL API Number: 077-08874 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 277503 Type: WELL API Number: 077-08873 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 281422 Type: WELL API Number: 077-08962 Status: PR Insp. Status: PR**Producing Well**Comment: **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): N

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): YES**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? _____ 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 ☐

Inspector Name: BURGER, CRAIG

| Storm Water: | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Berms | Pass | Rip Rap | Pass | | | |
| Gravel | Pass | Gravel | Pass | | | |
| Seeding | Pass | Ditches | Pass | | | |
| Ditches | Pass | Culverts | Pass | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment:

CA: