

**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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Inspection Date:
10/21/2013

Document Number:
673300049

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>334544</u>	<u>334544</u>	<u>Lamont, Rich</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number:	
Name of Operator:	<u>OXY USA INC</u>
Address:	<u>PO BOX 27757</u>
City:	<u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227</u>

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
DAVID, EDWARDS		david_edwards@oxy.com	OXY ENVIRONMENTAL
KELLERBY, SHAUN		shaun.kellerby@state.co.us	
Lamont, Rich		rich.lamont@state.co.us	
MEESE, WARNER		Warner_Meece@oxy.com	OXY OPERATIONS

Compliance Summary:

QtrQtr: NWSW Sec: 14 Twp: 9S Range: 94W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281631	WELL	PR	06/24/2008	GW	077-08968	BLACKMAN 14-14	PR	X
281632	WELL	PR	03/06/2009	GW	077-08969	BLACKMAN 14-13	PR	X
281634	WELL	PR	08/20/2006	GW	077-08970	BLACKMAN 14-12	PR	X
281635	WELL	PR	01/01/2011	GW	077-08971	BLACKMAN 14-6	PR	X
281636	WELL	PR	09/08/2006	GW	077-08972	BLACKMAN 14-5	PR	X
282491	WELL	PR	01/01/2011	GW	077-08987	BLACKMAN 22-1	PR	X
282492	WELL	PR	04/23/2009	GW	077-08986	BLACKMAN 23-3	PR	X
282493	WELL	PR	04/23/2009	GW	077-08985	BLACKMAN 23-4	PR	X
282852	WELL	PR	01/01/2011	GW	077-09005	BLACKMAN 15-8	PR	X
282853	WELL	PR	06/24/2008	GW	077-09004	BLACKMAN 15-9	PR	X

Equipment:

Location Inventory

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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			
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD	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?				

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	10	Satisfactory			
Horizontal Heated Separator	2	Satisfactory			
Bird Protectors	4	Satisfactory			
Ancillary equipment	2	Satisfactory	1 chemical tote at wellhead and 1 methanol tank inside battery		
Vertical Heated Separator	8	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	300 BBLS	STEEL AST	39.273111,-107.856027	
S/U/V:	Satisfactory	Comment:			
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
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: 334544

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

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: 281631 Type: WELL API Number: 077-08968 Status: PR Insp. Status: PR

Facility ID: 281632 Type: WELL API Number: 077-08969 Status: PR Insp. Status: PR

Facility ID: 281634 Type: WELL API Number: 077-08970 Status: PR Insp. Status: PR

Facility ID: 281635 Type: WELL API Number: 077-08971 Status: PR Insp. Status: PR

Facility ID: 281636 Type: WELL API Number: 077-08972 Status: PR Insp. Status: PR

Facility ID: 282491 Type: WELL API Number: 077-08987 Status: PR Insp. Status: PR

Facility ID: 282492 Type: WELL API Number: 077-08986 Status: PR Insp. Status: PR

Facility ID: 282493 Type: WELL API Number: 077-08985 Status: PR Insp. Status: PR

Facility ID: 282852 Type: WELL API Number: 077-09005 Status: PR Insp. Status: PR

Facility ID: 282853 Type: WELL API Number: 077-09004 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ 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? _____ Production areas stabilized ? _____

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

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 _____ 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 _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Inspector Name: Lamont, Rich

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT