

**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:

03/10/2014

Document Number:

663902827

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	335889	335889	LONGWORTH, MIKE	2A Doc Num:	

Operator Information:

OGCC Operator Number:

Name of Operator: OXY USA WTP LPAddress: P O BOX 27757City: HOUSTON State: TX Zip: 77227

- ☐ 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
Clark, Chris		Chris_Clark@oxy.com	
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr:	<u>SWSE</u>	Sec:	<u>9</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)
09/03/2013	663902115			Satisfactory			No
09/03/2013	663902114			Satisfactory	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
291105	WELL	PR	07/24/2013	GW	045-14298	CASCADE CREEK 697-9-60D	PR	<input checked="" type="checkbox"/>
291565	WELL	PR	05/17/2012	GW	045-14445	CASCADE CREEK 697-09-52B	PR	<input checked="" type="checkbox"/>
293833	WELL	PR	01/20/2010	GW	045-15135	CASCADE CREEK 697-09-52A	PR	<input checked="" type="checkbox"/>
293834	WELL	PR	09/28/2012	GW	045-15136	CASCADE CREEK 697-09-44B	PR	<input checked="" type="checkbox"/>
296404	WELL	PR	05/17/2012	GW	045-16001	CASCADE CREEK 697-09-62B	PR	<input checked="" type="checkbox"/>
296409	WELL	PR	11/19/2009	GW	045-16006	CASCADE CREEK 697-09-60B	PR	<input checked="" type="checkbox"/>
296410	WELL	PR	05/30/2012	GW	045-16007	CASCADE CREEK 697-09-44A	PR	<input checked="" type="checkbox"/>
296411	WELL	PA	12/29/2010	GW	045-16008	CASCADE CREEK 697-09-46	PA	<input checked="" type="checkbox"/>
296412	WELL	SI	09/18/2012	GW	045-16009	CASCADE CREEK 697-09-54B	SI	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

296413	WELL	PR	07/01/2011	GW	045-16010	CASCADE CREEK 697-09-54A	PR	X
296420	WELL	PA	12/29/2010	GW	045-16016	CASCADE CREEK 697-16-13A	PA	X
296421	WELL	PR	04/23/2012	GW	045-16017	CASCADE CREEK 697-16-05	PR	X
296422	WELL	PR	02/16/2012	GW	045-16018	CASCADE CREEK 697-16-04	PR	X
296423	WELL	PR	04/23/2012	GW	045-16019	CASCADE CREEK 697-16-13B	PR	X
296424	WELL	PR	01/16/2010	GW	045-16020	CASCADE CREEK 697-09-62A	PR	X
296931	WELL	PA	12/29/2010	GW	045-16225	CASCADE CREEK 697-09-37B	PA	X
296932	WELL	PR	03/01/2013	GW	045-16226	CASCADE CREEK 697-09-35C	PR	X
296933	WELL	AL	12/05/2012	LO	045-16227	CASCADE CREEK 697-09-58	AL	
296934	WELL	PR	02/22/2010	GW	045-16228	CASCADE CREEK 697-16-02A	PR	X
296935	WELL	SI	08/19/2013	GW	045-16229	CASCADE CREEK 697-16-21A	SI	X
296936	WELL	PR	03/01/2012	GW	045-16230	CASCADE CREEK 697-16-11A	PR	X
299515	WELL	PA	12/29/2010	GW	045-17697	CASCADE CREEK 697-16-11B	PA	X

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	Wet and muddy		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	Label and placards are peeling and partially missing. NW tank in battery has a out of service label.	Install sign to comply with rule 210. Remove out of service label	03/12/2014
CONTAINERS	Satisfactory			

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
	WELLHEAD	<= 5 bbls	Oil stains around well heads need to be cleaned up.	04/19/2014

☒ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	Fence partially missing and several pannels are damaged.	Repair fence	04/19/2014

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	17	Satisfactory			
Ancillary equipment	5	Satisfactory	Well treatment totes at well heads		
Bird Protectors	12	Satisfactory			
Horizontal Heated Separator	20	Satisfactory			

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	400 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment: Tank has an out of service sticker on it. Flow line is still connected and valve open.		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	400 BBLS	STEEL AST		
S/U/V:	Satisfactory		Comment: Tank has an out of service sticker on it. Flow line is still connected and valve open.		
Corrective Action:				Corrective Date:	
Paint					
Condition					
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				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 335889

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: 291105 Type: WELL API Number: 045-14298 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 291565 Type: WELL API Number: 045-14445 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293833 Type: WELL API Number: 045-15135 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293834	Type: WELL	API Number: 045-15136	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296404	Type: WELL	API Number: 045-16001	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296409	Type: WELL	API Number: 045-16006	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296410	Type: WELL	API Number: 045-16007	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296411	Type: WELL	API Number: 045-16008	Status: PA	Insp. Status: PA
Idle Well				
Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____ S/V: Satisfactory CA Date: _____ CA: _____ Comment: _____				
Facility ID: 296412	Type: WELL	API Number: 045-16009	Status: SI	Insp. Status: SI
Producing Well				
Comment: Producing well				
Facility ID: 296413	Type: WELL	API Number: 045-16010	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296420	Type: WELL	API Number: 045-16016	Status: PA	Insp. Status: PA
Producing Well				
Comment: Producing well				
Facility ID: 296421	Type: WELL	API Number: 045-16017	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296422	Type: WELL	API Number: 045-16018	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296423	Type: WELL	API Number: 045-16019	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 296424	Type: WELL	API Number: 045-16020	Status: PR	Insp. Status: PR

Producing WellComment: **Producing well**Facility ID: 296931 Type: WELL API Number: 045-16225 Status: PA Insp. Status: PAFacility ID: 296932 Type: WELL API Number: 045-16226 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 296934 Type: WELL API Number: 045-16228 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 296935 Type: WELL API Number: 045-16229 Status: SI Insp. Status: SI**Idle Well**Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: _____

Facility ID: 296936 Type: WELL API Number: 045-16230 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 299515 Type: WELL API Number: 045-17697 Status: PA Insp. Status: PA**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? 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? Pass 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? _____

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? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: Seeding has not begunOverall 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 _____

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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
Gravel	Pass	Ditches	Pass			
Compaction	Pass	Culverts	Pass			
Seeding	Fail	Gravel	Pass			
Berms	Pass	Compaction	Pass	MHSP	Fail	Secondary containment for chemical totes.

S/U/V: **Unsatisfactory** Corrective Date: **03/12/2014**

Comment: **Secondary containment for 1 of the chemical tote is full of liquids.**

CA: **Empty containment to provide spill protection**

Pits: ☐ NO SURFACE INDICATION OF PIT