

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:
08/05/2014

Document Number:
675200334

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>334533</u>	<u>334533</u>	<u>CONKLIN, CURTIS</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>66561</u>
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
Kellerby, Shaun		shuan.kellerby@state.co.us	NW Supervisor
Clark, Chris		chris_clark@oxy.com	

Compliance Summary:

QtrQtr:	<u>SESW</u>	Sec:	<u>11</u>	Twp:	<u>9S</u>	Range:	<u>94W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/21/2013	673300051			SATISFACTORY Y	P		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
285897	WELL	PR	01/01/2011	GW	077-09110	MCDANIEL 11-11	PR	<input checked="" type="checkbox"/>
285898	WELL	PR	03/24/2010	GW	077-09111	MCDANIEL FED. 11-13	PR	<input checked="" type="checkbox"/>
285900	WELL	PR	01/01/2011	GW	077-09112	MCDANIEL FED. 11-5	PR	<input checked="" type="checkbox"/>
285901	WELL	PR	01/01/2011	GW	077-09113	MCDANIEL FED. 11-6	PR	<input checked="" type="checkbox"/>
285902	WELL	PR	04/16/2007	GW	077-09114	MCDANIEL FED. 11-12	PR	<input checked="" type="checkbox"/>
294698	WELL	PR	01/24/2011	GW	077-09502	MCDANIEL 11-14B	PR	<input checked="" type="checkbox"/>
295074	WELL	PA	10/11/2012	LO	077-09556	McDaniel 11-11A	PA	<input type="checkbox"/>
295075	WELL	PA	10/11/2012	LO	077-09557	McDaniel 11-11C	PA	<input type="checkbox"/>
295076	WELL	PA	10/11/2012	LO	077-09558	McDaniel 11-11B	PA	<input type="checkbox"/>
295077	WELL	PR	09/26/2008	GW	077-09559	MCDANIEL FEDERAL 11-12C	PR	<input checked="" type="checkbox"/>
295080	WELL	PR	03/17/2009	GW	077-09560	MCDANIEL FEDERAL 11-13C	PR	<input checked="" type="checkbox"/>
295081	WELL	PA	10/11/2012	LO	077-09561	McDaniel 11-14A	PA	<input type="checkbox"/>
295381	WELL	PA	10/11/2012	LO	077-09573	McDaniel Federal 11-13B	PA	<input type="checkbox"/>

295382	WELL	AL	07/09/2012	LO	077-09574	McDaniel Federal 11-12A	AL	<input type="checkbox"/>
295383	WELL	PA	10/11/2012	LO	077-09575	McDaniel Federal 11-13A	PA	<input type="checkbox"/>
295384	WELL	PA	10/11/2012	LO	077-09576	McDaniel Federal 11-12B	PA	<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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL	SATISFACTORY	Two piles of gravel		

Spills:

Type	Area	Volume	Corrective action	CA Date
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Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Chem Unit w/ Containment		
Plunger Lift	8	SATISFACTORY			
Bird Protectors	3	SATISFACTORY			

Horizontal Heated Separator	1	SATISFACTORY	No containment		
Vertical Heated Separator	7	SATISFACTORY	No containment		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
METHANOL	1	OTHER	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____
 Other (Capacity) 500 gal _____
 Other (Type) _____

Berms

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

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	300 BBLS	STEEL AST	,	
S/A/V:	SATISFACTORY		Comment:		
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	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 334533

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 285897 Type: WELL API Number: 077-09110 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 285898 Type: WELL API Number: 077-09111 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 285900 Type: WELL API Number: 077-09112 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 285901	Type: WELL	API Number: 077-09113	Status: PR	Insp. Status: PR
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Producing Well

Comment: PR

Facility ID: 285902	Type: WELL	API Number: 077-09114	Status: PR	Insp. Status: PR
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Producing Well

Comment: PR

Facility ID: 294698	Type: WELL	API Number: 077-09502	Status: PR	Insp. Status: PR
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Producing Well

Comment: PR

Facility ID: 295077	Type: WELL	API Number: 077-09559	Status: PR	Insp. Status: PR
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Producing Well

Comment: PR

Facility ID: 295080	Type: WELL	API Number: 077-09560	Status: PR	Insp. Status: PR
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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:

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? _____ 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

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
Berms	Pass	Compaction	Pass	MHSP	Pass	
Seeding	Pass					
Compaction	Pass	Culverts	Pass			
Gravel	Pass	Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
 Y _____

Comment: Location was wet and rutted at time of inspection.

CA: _____

Pits: NO SURFACE INDICATION OF PIT