

**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:

06/23/2015

Document Number:

668403185

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	221788	334514	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 66561Name of Operator: OXY USA INCAddress: 760 HORIZON DR #101City: GRAND JUNCTION State: CO Zip: 81506

- ☐ 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	970-263-3651	chris_clark@oxy.com	Field Regulatory Lead-Piceance
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:QtrQtr: SENE Sec: 7 Twp: 10S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/30/2014	668402416	IJ	AC	SATISFACTORY	P		No
07/30/2013	668401545	IJ	SI	SATISFACTORY			No
07/17/2013	668401516	IJ	SI	ALLEGED VIOLATION	P		Yes
08/14/2012	668400627	IJ	AC	SATISFACTORY	P		No
07/01/2010	200264130	RT	AC	SATISFACTORY			No
08/31/2009	200217383	RT	AC	SATISFACTORY			No
03/02/2009	200207295	PR	PR	SATISFACTORY			No
12/29/2008	200201448	RT	AC	SATISFACTORY			No
01/30/2007	200107418	MI	PD	SATISFACTORY	I	Pass	No
12/09/2006	200101657	PR	SI	SATISFACTORY	I	Pass	No
12/02/1999	500154226	CO	PR				
12/02/1999	200004713	CO	PR			Fail	Yes
11/08/1999	200002740	CO	PR	ACTION REQUIRED		Fail	No
04/30/1998	500154225	PR	PR				

Inspector Comment:Routine UIC Inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
100116	PIT		09/23/1999		-	ZIEGEL 7-1	<input type="checkbox"/>

Inspector Name: BROWNING, CHUCK

159172	UIC DISPOSAL	AC	02/08/2007		-	ZIEGAL 7-1 SWD	AC	<input checked="" type="checkbox"/>
221788	WELL	IJ	05/14/2015	DSPW	077-08390	ZIEGAL 7-1	SI	<input checked="" type="checkbox"/>
280315	WELL	PR	04/15/2006	GW	077-08954	MY WAY RANCH 7-7	PR	<input checked="" type="checkbox"/>
280316	WELL	PR	09/29/2005	GW	077-08953	MY WAY RANCH 7-2	PR	<input checked="" type="checkbox"/>
280319	WELL	PR	12/29/2005	GW	077-08952	MY WAY RANCH 7-1A	PR	<input checked="" 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			
WELLHEAD	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Facilities:**☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	3	OTHER	STEEL AST	39.205912,-107.917463

S/A/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition _____

Other (Content) Produced Water & Condensate

Inspector Name: BROWNING, CHUCK

Other (Capacity) 2-300 bbl & 1-400 bbl

Other (Type)

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	4	OTHER	STEEL AST	39.205923,-107.917082

S/A/V:	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) Produced Water & Condensate

Other (Capacity) 3-400 bbl & 1-300 bbl

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: 221788

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 159172 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 822

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **Routine UIC Inspection.**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 221788 Type: WELL API Number: 077-08390 Status: IJ Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: WMFK

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 07/30/2013

Brhd: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **Routine UIC Inspection. No active injection at time of inspection.**

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 280315 Type: WELL API Number: 077-08954 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 280316 Type: WELL API Number: 077-08953 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 280319 Type: WELL API Number: 077-08952 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift****Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: BROWNING, CHUCK

Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
<u>Water Well:</u>			
DWR Receipt Num: _____		Owner Name: _____	GPS : _____
<u>Field Parameters:</u>			
Sample Location: _____			
Emission Control Burner (ECB): _____			
Comment: _____			
Pilot: _____		Wildlife Protection Devices (fired vessels): _____	
Reclamation - Storm Water - Pit			
<u>Interim Reclamation:</u>			
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			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			

Inspector Name: BROWNING, CHUCK

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

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	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT