

**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:

668403191

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>273824</u>	<u>334508</u>	<u>BROWNING, CHUCK</u>	<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: NWSE	Sec: 11	Twp: 9S	Range: 94W				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/05/2014	668402567	SI	SI	SATISFACTORY			No
07/17/2013	668401511	SI	SI	SATISFACTORY	P		No
08/14/2012	668400630	SI	SI	SATISFACTORY	I		No
07/16/2010	200264695	RT	AO	ACTION REQUIRED			Yes
08/31/2009	200217384	RT	TA	SATISFACTORY			No
11/16/2007	200121993	MI	SI	SATISFACTORY			No
05/29/2007	200112145	PR	SI	SATISFACTORY	I	Pass	No
05/29/2007	200113596	MI	SI	SATISFACTORY	I	Pass	No
01/23/2007	200107088	PR	PR	SATISFACTORY	I	Pass	No
12/08/2006	200101583	PR	SI	SATISFACTORY	I	Pass	No
06/06/2006	200096664	PR	PR	ACTION REQUIRED		Fail	Yes
10/05/2004	200064517	DG	ND	SATISFACTORY		Pass	No

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

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159184	UIC DISPOSAL	AC	06/13/2007		-	MCDANIEL 11-16 SWD	IO	<input checked="" type="checkbox"/>
221743	WELL	DA	07/25/1985	DA	077-08345	MCDANIEL 1-11	DA	<input type="checkbox"/>

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221964	WELL	PR	09/05/2007	GW	077-08566	MCDANIEL 11-10	PR	
273822	WELL	PR	12/01/2014	GW	077-08818	MC DANIEL 11-8	PR	
273823	WELL	PR	06/01/2011	GW	077-08817	MCDANIEL 11-9	PR	
273824	WELL	SI	03/06/2014	DSPW	077-08815	MCDANIEL 11-16	TA	X
273825	WELL	AL	09/23/2005	LO	077-08816	MCDANIEL 11-15	AL	
274048	WELL	AL	08/03/2006	LO	077-08827	MCDANIEL 11-14	AL	
296115	WELL	AL	06/28/2011	LO	077-09651	MCDANIEL 11-16B	AL	
296116	WELL	PR	12/14/2010	GW	077-09652	MCDANIEL 11-16A	PR	
296117	WELL	AL	10/10/2012	LO	077-09653	MCDANIEL 11-15C	AL	
296118	WELL	PR	07/01/2011	GW	077-09654	MCDANIEL 11-9C	PR	
296119	WELL	PR	07/01/2011	GW	077-09655	MCDANIEL 11-9B	PR	
296120	WELL	PR	06/26/2010	GW	077-09650	MCDANIEL 11-10C	PR	
296121	WELL	PR	06/18/2010	GW	077-09649	MCDANIEL 11-10A	PR	
296122	WELL	AL	10/10/2012	LO	077-09648	MCDANIEL 11-15A	AL	
296123	WELL	AL	10/10/2012	LO	077-09647	MCDANIEL 11-15B	AL	
296124	WELL	PR	12/13/2010	GW	077-09646	MCDANIEL 11-10B	PR	
297881	WELL	PR	10/01/2012	GW	077-09709	MCDANIEL 11-9A	PR	

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			

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Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V):	<u>SATISFACTORY</u>	Corrective Date:	
Comment:			
Corrective Action:			

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 273824

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: 159184 Type: UIC API Number: - Status: AC Insp. Status: IO

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 428

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: 273824 Type: WELL API Number: 077-08815 Status: SI Insp. Status: TA

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: 09/05/2014

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

Comment: **Routine UIC Inspection. Well temporarily abandoned.**

Method of Injection: _____

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

Insp. Status: _____

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): _____

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 REVEGETATIONCropland

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 _____

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 _____

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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 Corrective Date: _____
Y

Comment: _____
CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT