

**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

Inspection Date:
07/15/2015Document Number:
675201787Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334515	334515	CONKLIN, CURTIS	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 66561Name of Operator: OXY USA INCAddress: PO BOX 27757 #110City: 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	

Compliance Summary:QtrQtr: NESW Sec: 18 Twp: 10S Range: 94W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
221616	WELL	PA	03/20/2006	GW	077-08218	WILLIAMS 18-3	PA
258013	WELL	PA	08/31/2001	DA	077-08713	WILLIAMS 18-3B	PA
282474	WELL	AL	11/17/2009	LO	077-08995	CAMPBELL 18-12	AL
282475	WELL	PR	02/23/2015	GW	077-08994	CAMPBELL 18-14	PR
282476	WELL	PR	01/10/2006	GW	077-08993	CAMPBELL 18-13	PR
282479	WELL	PR	06/24/2008	GW	077-08992	CAMPBELL 18-11	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			

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: 970-248-0497

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS		Use BMPs to control vegetation and invasive species on location. See Attached photo.		

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Panels		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	3	SATISFACTORY			
Bird Protectors	1	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chem unit w/ containment		

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/A/V:	SATISFACTORY		Comment: _____	
Corrective Action:	_____			Corrective Date: _____

Paint	
Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	
Other (Type) _____	

Berms														
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance										
Corrective Action				Corrective Date										
Comment: Same														
Facilities: <input type="checkbox"/> New Tank Tank ID: _____														
Contents	#	Capacity	Type	SE GPS										
CONDENSATE	2	300 BBLs	STEEL AST	,										
S/A/V: SATISFACTORY		Comment:												
Corrective Action:				Corrective Date:										
Paint Condition Adequate Other (Content) _____ Other (Capacity) _____ Other (Type) _____														
Berms <table border="1"> <thead> <tr> <th>Type</th> <th>Capacity</th> <th>Permeability (Wall)</th> <th>Permeability (Base)</th> <th>Maintenance</th> </tr> </thead> <tbody> <tr> <td>Metal</td> <td>Adequate</td> <td>Walls Sufficient</td> <td>Base Sufficient</td> <td>Adequate</td> </tr> </tbody> </table>					Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
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Corrective Action				Corrective Date										
Comment														
Venting: <table border="1"> <thead> <tr> <th>Yes/No</th> <th>Comment</th> </tr> </thead> <tbody> <tr> <td>NO</td> <td></td> </tr> </tbody> </table>					Yes/No	Comment	NO							
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Predrill

Location ID: 334515

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: 282475 Type: WELL API Number: 077-08994 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 282476 Type: WELL API Number: 077-08993 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 282479 Type: WELL API Number: 077-08992 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

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? _____

Inspector Name: CONKLIN, CURTIS

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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			
Seeding	Pass					

S/A/V: SATISFACTOR _____

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
675201788	Foxtail Barley on location.	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3643212