

**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:

07/20/2015

Document Number:

674701613

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 335482      | 335482 | LONGWORTH, MIKE | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 66571Name of Operator: OXY USA WTP LPAddress: P O 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 |
|-----------------|-------|----------------------------|---------|
| Kellerby, Shaun |       | shaun.kellerby@state.co.us |         |
| Clark, Chris    |       | Chris_Clark@oxy.com        |         |

**Compliance Summary:**QtrQtr: NWNE Sec: 3 Twp: 7S Range: 97W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/23/2015 | 674701134 |            |             | <b>ACTION REQUIRED</b>        |          |                | No              |
| 06/02/2014 | 663903274 |            |             | SATISFACTORY                  |          |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name    | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 299170      | WELL | PR     | 01/01/2011  | GW         | 045-17584 | SHELL 697-34-14B | PR          | <input checked="" type="checkbox"/> |
| 299171      | WELL | PR     | 07/19/2010  | GW         | 045-17585 | SHELL 697-34-14A | PR          | <input checked="" type="checkbox"/> |
| 299172      | WELL | PR     | 07/19/2010  | GW         | 045-17586 | SHELL 697-34-22A | PR          | <input checked="" type="checkbox"/> |
| 299173      | WELL | PR     | 07/01/2011  | GW         | 045-17587 | SHELL 697-34-22B | PR          | <input checked="" type="checkbox"/> |
| 299894      | WELL | PR     | 01/18/2011  | GW         | 045-17764 | SHELL 697-34-08A | PR          | <input checked="" type="checkbox"/> |
| 299895      | WELL | PR     | 04/10/2010  | GW         | 045-17765 | SHELL 797-03-06A | PR          | <input checked="" type="checkbox"/> |
| 299896      | WELL | PR     | 05/23/2011  | GW         | 045-17766 | SHELL 797-03-06B | PR          | <input checked="" type="checkbox"/> |
| 299897      | WELL | PR     | 07/01/2011  | GW         | 045-17767 | SHELL 697-34-08B | PR          | <input checked="" type="checkbox"/> |
| 300292      | WELL | PR     | 04/28/2011  | GW         | 045-17878 | Shell 797-03-15A | PR          | <input checked="" type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

|        |              |    |            |    |           |                    |    |   |
|--------|--------------|----|------------|----|-----------|--------------------|----|---|
| 300293 | WELL         | PR | 02/21/2012 | GW | 045-17879 | SHELL 697-34-16A   | PR | X |
| 300303 | WELL         | PR | 07/21/2011 | GW | 045-17882 | Shell 797-03-15B   | PR | X |
| 300304 | WELL         | PR | 06/27/2011 | GW | 045-17883 | Shell 797-03-31A   | PR | X |
| 300305 | WELL         | PR | 06/27/2011 | GW | 045-17884 | Shell 697-34-16B   | PR | X |
| 300306 | WELL         | PR | 04/28/2011 | GW | 045-17885 | Shell 797-03-39B   | PR | X |
| 300307 | WELL         | PR | 07/21/2011 | GW | 045-17886 | Shell 797-03-39A   | PR | X |
| 300308 | WELL         | PR | 04/28/2011 | GW | 045-17887 | Shell 797-03-38    | PR | X |
| 300309 | WELL         | PR | 04/28/2011 | GW | 045-17888 | Shell 797-03-37    | PR | X |
| 300310 | WELL         | PR | 06/27/2011 | GW | 045-17889 | Shell 797-03-31B   | PR | X |
| 300311 | WELL         | PR | 06/27/2011 | GW | 045-17890 | Shell 797-03-23A   | PR | X |
| 300312 | WELL         | PR | 06/27/2011 | GW | 045-17891 | Shell 797-03-23B   | PR | X |
| 374710 | WELL         | PR | 06/27/2011 | GW | 045-18386 | Shell 697-34-24    | PR | X |
| 426766 | TANK BATTERY | XX | 04/14/2009 |    | -         | SHELL-67S97W 3NWNE | XX |   |
| 426767 | TANK BATTERY | XX | 04/14/2009 |    | -         | SHELL-67S97W 3NWNE | XX |   |

**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****Signs/Marker:**

| Type                 | Satisfactory/Action Required | Comment                                     | Corrective Action | CA Date |
|----------------------|------------------------------|---|-------------------|---------|
| CONTAINERS           | SATISFACTORY                 |   |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 | Volumes on tank labels have been corrected. |                   |         |
| WELLHEAD             | SATISFACTORY                 |   |                   |         |
| BATTERY              | SATISFACTORY                 |   |                   |         |

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

Corrective Date: \_\_\_\_\_

Comment: 970-248-0497

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |   |                   |         |
|---------------------------|------------------------------|---|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
| WEEDS                     | SATISFACTORY                 | Continue weed control and dead weed debris removal. |                   |         |

| <b>Spills:</b> |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| Type           | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| SEPARATOR        | SATISFACTORY                 |         |                   |         |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |

| <b>Equipment:</b>           |    |                              |                               |                   |         |
|-----------------------------|----|------------------------------|-------------------------------|-------------------|---------|
| Type                        | #  | Satisfactory/Action Required | Comment                       | Corrective Action | CA Date |
| Horizontal Heated Separator | 14 | SATISFACTORY                 |                               |                   |         |
| Ancillary equipment         | 4  | SATISFACTORY                 | Chemical containers at wells. |                   |         |
| Emission Control Device     | 3  | SATISFACTORY                 |                               |                   |         |
| Plunger Lift                | 20 | SATISFACTORY                 |                               |                   |         |
| Plunger Lift                | 11 | SATISFACTORY                 |                               |                   |         |
| Bird Protectors             | 19 | SATISFACTORY                 |                               |                   |         |
| Horizontal Heated Separator | 20 | SATISFACTORY                 |                               |                   |         |
| Dehydrator                  | 1  | SATISFACTORY                 |                               |                   |         |

| <b>Facilities:</b>                |              |                |           |                  |
|-----------------------------------|--------------|----------------|-----------|------------------|
| <input type="checkbox"/> New Tank |              | Tank ID: _____ |           |                  |
| Contents                          | #            | Capacity       | Type      | SE GPS           |
| CONDENSATE                        | 1            | 400 BBLS       | STEEL AST | ,                |
| S/A/V:                            | SATISFACTORY | Comment:       |           |                  |
| Corrective Action:                |              |                |           | Corrective Date: |

| <b>Paint</b>     |          |
|------------------|----------|
| Condition        | Adequate |
| Other (Content)  | _____    |
| Other (Capacity) | _____    |
| Other (Type)     | _____    |

| <b>Berms</b>      |          |                     |                     |                 |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
| Metal             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

| <b>Facilities:</b>                |  |                |  |  |
|-----------------------------------|--|----------------|--|--|
| <input type="checkbox"/> New Tank |  | Tank ID: _____ |  |  |

Inspector Name: LONGWORTH, MIKE

|                    |              |          |           |                  |
|--------------------|--------------|----------|-----------|------------------|
| Contents           | #            | Capacity | Type      | SE GPS           |
| PRODUCED WATER     | 1            | 400 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     |
| Metal             |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

|                    |              |          |           |                  |
|--------------------|--------------|----------|-----------|------------------|
| Contents           | #            | Capacity | Type      | SE GPS           |
| PRODUCED WATER     | 1            | 500 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     |
| Metal             |          |                     |                     |                 |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

|                    |              |          |           |                  |
|--------------------|--------------|----------|-----------|------------------|
| Contents           | #            | Capacity | Type      | SE GPS           |
| CONDENSATE         | 1            | 500 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 |
|------|----------|---------------------|---------------------|-------------|

Inspector Name: LONGWORTH, MIKE

|                   |  |  |  |  |                 |
|-------------------|--|--|--|--|-----------------|
| Metal             |  |  |  |  |                 |
| Corrective Action |  |  |  |  | Corrective Date |
| Comment           |  |  |  |  |                 |

|                        |         |  |  |
|------------------------|---------|--|--|
| <b><u>Venting:</u></b> |         |  |  |
| Yes/No                 | Comment |  |  |
| NO                     |         |  |  |

|                        |                              |         |                   |         |
|------------------------|------------------------------|---------|-------------------|---------|
| <b><u>Flaring:</u></b> |                              |         |                   |         |
| Type                   | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                        |                              |         |                   |         |

**Predrill**

Location ID: 335482

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

| Group | User    | Comment   | Date       |
|-------|---------|---|------------|
|       | HouseyM | Based on the inorganic analytical results (pH and SAR), at least three feet of verifiable clean fill material must be placed over the area. | 01/06/2014 |

**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: 299170 Type: WELL API Number: 045-17584 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 299171 Type: WELL API Number: 045-17585 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

|  |        |       |      |             |           |         |    |               |    |
|--|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:   | 299172 | Type: | WELL | API Number: | 045-17586 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 299173 | Type: | WELL | API Number: | 045-17587 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 299894 | Type: | WELL | API Number: | 045-17764 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 299895 | Type: | WELL | API Number: | 045-17765 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 299896 | Type: | WELL | API Number: | 045-17766 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 299897 | Type: | WELL | API Number: | 045-17767 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 300292 | Type: | WELL | API Number: | 045-17878 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 300293 | Type: | WELL | API Number: | 045-17879 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 300303 | Type: | WELL | API Number: | 045-17882 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 300304 | Type: | WELL | API Number: | 045-17883 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 300305 | Type: | WELL | API Number: | 045-17884 | Status: | PR | Insp. Status: | PR |
| <div>Producing Well</div> <div>Comment: Producing well</div> |        |       |      |             |           |         |    |               |    |
| Facility ID:   | 300306 | Type: | WELL | API Number: | 045-17885 | Status: | PR | Insp. Status: | PR |

**Producing Well**Comment: **Producing well**

Facility ID: 300307 Type: WELL API Number: 045-17886 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 300308 Type: WELL API Number: 045-17887 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 300309 Type: WELL API Number: 045-17888 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 300310 Type: WELL API Number: 045-17889 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 300311 Type: WELL API Number: 045-17890 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 300312 Type: WELL API Number: 045-17891 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**

Facility ID: 374710 Type: WELL API Number: 045-18386 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well****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:



Inspector Name: LONGWORTH, MIKE

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? \_\_\_\_\_ 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: \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

|   |   |   |                        |
|---|---|---|------------------------|
| 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 |
|                  |                 |                         |                       |               |                          |         |

S/A/V: **ACTION REQUIRED** Corrective Date: **04/24/2015**

Comment: **Cut slope behind tank battery is unstable and sloughing off sediment on to location. Sediment has built up nearly to top of tank berm.**

CA: **Install and maintain BMPs to prevent migration of sediment. Submit a work plan with a time line to complete corrective action.**

Pits: ☒ NO SURFACE INDICATION OF PIT

**COGCC Comments**

|   |          |            |
|---|----------|------------|
| Comment   | User     | Date       |
| <b>Tank volumes were corrected on labels and tumble weeds have been removed from tank battery and equipment per inspection doc #674701134. Unstable cut wall behind tanks has not been addressed.</b> | longworm | 07/21/2015 |

**Attached Documents**

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

|              |                                   |   |
|--------------|-----------------------------------|---|
| Document Num | Description                       | URL   |
| 674701615    | Unstable wall behind tank battery | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3653371">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3653371</a> |

## **ACTION REQUIRED**

**ANY ACTION REQUIRED** items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)