

**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:  
11/09/2015Document Number:  
674702037Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335186	335186	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
Clark, Chris		Chris_Clark@oxy.com	

**Compliance Summary:**QtrQtr: TRACT Sec: 5 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)
10/31/2014	674700516			SATISFACTORY			No
05/23/2014	663903245			SATISFACTORY			No
10/07/2013	663902272			SATISFACTORY	F		No
03/28/2013	663800864			ACTION REQUIRED	I		No

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

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
275532	WELL	PR	10/23/2012	GW	045-10345	CASCADE CREEK 705-22-43	PR	<input checked="" type="checkbox"/>
283504	WELL	PR	05/02/2007	GW	045-11927	CASCADE CREEK 797-05-06DA	PR	<input checked="" type="checkbox"/>
283506	WELL	PR	09/10/2007	GW	045-11928	CASCADE CREEK 797-05-12D	PR	<input checked="" type="checkbox"/>
283581	WELL	PR	03/31/2008	GW	045-11960	CASCADE CREEK 797-05-14DA	PR	<input checked="" type="checkbox"/>
283583	WELL	PR	04/11/2007	GW	045-11961	CASCADE CREEK 797-05-06DB	PR	<input checked="" type="checkbox"/>

**Equipment:****Location Inventory**

Inspector Name: LONGWORTH, MIKE

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

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

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

Comment: **970-248-0497**

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

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

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	5	SATISFACTORY			
Bird Protectors	1	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	<b>Chemical container at wells.</b>		
Horizontal Heated Separator	5	SATISFACTORY			

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	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

Inspector Name: LONGWORTH, MIKE

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

<b>Venting:</b>	
Yes/No	Comment
NO	

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

**Predrill**

Location ID: 335186

**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: 275532 Type: WELL API Number: 045-10345 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 283504 Type: WELL API Number: 045-11927 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 283506 Type: WELL API Number: 045-11928 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 283581 Type: WELL API Number: 045-11960 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 283583 Type: WELL API Number: 045-11961 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:**

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? <u>Pass</u> CM _____ CA _____ CA Date _____ Waste Material Onsite? <u>Pass</u> CM _____ CA _____ CA Date _____ Unused or unneeded equipment onsite? <u>Pass</u> 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? _____
 <b>RESTORATION AND REVEGETATION</b>	
<u>Cropland</u>	
Top soil replaced _____	Recontoured _____ Perennial forage re-established _____
<u>Non-Cropland</u>	
Top soil replaced _____	Recontoured _____ 80% Revegetation _____
1003 f.	Weeds Noxious weeds? _____
Comment: <div style="border: 1px solid black; height: 20px;"></div>	
Overall Interim Reclamation _____	

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 \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

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					
		Check Dams	Pass			
		Culverts	Pass			
Ditches	Pass					
		Ditches	Pass			
		Gravel	Pass			
Seeding	Pass					
Gravel	Pass					
				MHSP	Pass	

S/A/V: SATISFACTOR  
Y

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

Comment:

CA:

**Pits:** ☒ NO SURFACE INDICATION OF PIT