

**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

Inspection Date:

01/11/2016

Document Number:

675202392

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334353	334353	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: NENE Sec: 2 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)
06/04/2014	675200027			SATISFACTORY			No
10/21/2013	673300054			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
279009	WELL	PR	02/01/2015	GW	077-08935	MCDANIEL 2-8	PR	<input checked="" type="checkbox"/>
279010	WELL	PR	09/24/2014	GW	077-08936	MCDANIEL 2-7	PR	<input checked="" type="checkbox"/>
279011	WELL	PR	10/01/2013	GW	077-08937	MCDANIEL 2-2	PR	<input checked="" type="checkbox"/>
279013	WELL	PR	08/01/2011	GW	077-08938	MCDANIEL 2-1	PR	<input checked="" type="checkbox"/>
289822	WELL	PR	01/01/2011	GW	077-09257	MCDANIEL FEDERAL 1 -4.5	PR	<input checked="" type="checkbox"/>
291509	WELL	PR	03/17/2009	GW	077-09349	MCDANIEL 2-7A	PR	<input checked="" type="checkbox"/>
291511	WELL	PR	04/17/2012	GW	077-09348	MCDANIEL 2-7B	PR	<input checked="" type="checkbox"/>
291513	WELL	PR	10/14/2011	GW	077-09347	MCDANIEL 2-8A	PR	<input checked="" type="checkbox"/>
291515	WELL	PR	06/01/2014	GW	077-09346	MCDANIEL 2-8B	PR	<input checked="" type="checkbox"/>
291516	WELL	PR	11/20/2008	GW	077-09345	MCDANIEL 2-2C	PR	<input checked="" type="checkbox"/>

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291517	WELL	PR	06/30/2008	GW	077-09344	MCDANIEL 2-2B	PR	<input checked="" type="checkbox"/>
291519	WELL	PR	10/16/2009	GW	077-09343	MCDANIEL 2-2A	PR	<input checked="" type="checkbox"/>
291520	WELL	PR	07/16/2009	GW	077-09342	MCDANIEL 2-1C	PR	<input checked="" type="checkbox"/>
291521	WELL	PR	07/16/2009	GW	077-09341	MCDANIEL 2-1A	PR	<input checked="" type="checkbox"/>
291522	WELL	PR	02/04/2015	GW	077-09340	MCDANIEL 2-1B	PR	<input checked="" type="checkbox"/>
291989	WELL	PR	07/22/2008	GW	077-09378	MCDANIEL 2-8C	PR	<input checked="" type="checkbox"/>
291990	WELL	PR	10/01/2013	GW	077-09379	MCDANIEL 2-7C	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 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**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/AR): SATISFACTORY

Corrective Date: _____

Comment: 248-0497

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
STORAGE OF SUPL	SATISFACTORY	500 bbl Produced water tank stored on location.		

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

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

Equipment:				
Type:	#	Satisfactory/Action Required:		
Comment				
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
METHANOL	1	1000 GAL	STEEL AST	,
S/AR	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	6	400 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: AIRS ID 077-0479-001	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	
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	NO

Comment	
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Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 334353

Site Preparation:

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

S/AR: _____

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

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

Facility ID: 279009 Type: WELL API Number: 077-08935 Status: PR Insp. Status: PR

Facility ID: 279010 Type: WELL API Number: 077-08936 Status: PR Insp. Status: PR

Facility ID: 279011 Type: WELL API Number: 077-08937 Status: PR Insp. Status: PR

Facility ID: 279013	Type: WELL	API Number: 077-08938	Status: PR	Insp. Status: PR
Facility ID: 289822	Type: WELL	API Number: 077-09257	Status: PR	Insp. Status: PR
Facility ID: 291509	Type: WELL	API Number: 077-09349	Status: PR	Insp. Status: PR
Facility ID: 291511	Type: WELL	API Number: 077-09348	Status: PR	Insp. Status: PR
Facility ID: 291513	Type: WELL	API Number: 077-09347	Status: PR	Insp. Status: PR
Facility ID: 291515	Type: WELL	API Number: 077-09346	Status: PR	Insp. Status: PR
Facility ID: 291516	Type: WELL	API Number: 077-09345	Status: PR	Insp. Status: PR
Facility ID: 291517	Type: WELL	API Number: 077-09344	Status: PR	Insp. Status: PR
Facility ID: 291519	Type: WELL	API Number: 077-09343	Status: PR	Insp. Status: PR
Facility ID: 291520	Type: WELL	API Number: 077-09342	Status: PR	Insp. Status: PR
Facility ID: 291521	Type: WELL	API Number: 077-09341	Status: PR	Insp. Status: PR
Facility ID: 291522	Type: WELL	API Number: 077-09340	Status: PR	Insp. Status: PR
Facility ID: 291989	Type: WELL	API Number: 077-09378	Status: PR	Insp. Status: PR
Facility ID: 291990	Type: WELL	API Number: 077-09379	Status: PR	Insp. Status: PR

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. Waste and Debris removed? _____

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 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? _____

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:	<div></div>		
Corrective Action:	<div></div>	Date _____	
Overall Final Reclamation		Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/A/V: _____ Corrective Date: _____

Comment:

Could not do complete stormwater inspection due to snow cover.

CA:

Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT
