

**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:
	<u>334353</u>	<u>334353</u>	<u>CONKLIN, CURTIS</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>66561</u>
Name of Operator:	<u>OXY USA INC</u>
Address:	<u>PO BOX 27757 #110</u>
City:	<u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227-</u>

- 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"/>

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 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/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
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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
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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:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: <u>279009</u>	Type: <u>WELL</u>	API Number: <u>077-08935</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Facility ID: <u>279010</u>	Type: <u>WELL</u>	API Number: <u>077-08936</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Facility ID: <u>279011</u>	Type: <u>WELL</u>	API Number: <u>077-08937</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Facility ID: <u>279013</u>	Type: <u>WELL</u>	API Number: <u>077-08938</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>289822</u>	Type: <u>WELL</u>	API Number: <u>077-09257</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291509</u>	Type: <u>WELL</u>	API Number: <u>077-09349</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291511</u>	Type: <u>WELL</u>	API Number: <u>077-09348</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291513</u>	Type: <u>WELL</u>	API Number: <u>077-09347</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291515</u>	Type: <u>WELL</u>	API Number: <u>077-09346</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291516</u>	Type: <u>WELL</u>	API Number: <u>077-09345</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291517</u>	Type: <u>WELL</u>	API Number: <u>077-09344</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291519</u>	Type: <u>WELL</u>	API Number: <u>077-09343</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291520</u>	Type: <u>WELL</u>	API Number: <u>077-09342</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291521</u>	Type: <u>WELL</u>	API Number: <u>077-09341</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291522</u>	Type: <u>WELL</u>	API Number: <u>077-09340</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291989</u>	Type: <u>WELL</u>	API Number: <u>077-09378</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291990</u>	Type: <u>WELL</u>	API Number: <u>077-09379</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

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. 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 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 _____

Inspector Name: CONKLIN, CURTIS

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: _____ Corrective Date: _____

Comment: Could not do complete stormwater inspection due to snow cover.

CA: _____

Pits: NO SURFACE INDICATION OF PIT