

**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:

675202399

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334508	334508	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: NWSE Sec: 11 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)
08/05/2014	675200338			SATISFACTORY			No
08/05/2014	675200341			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159184	UIC DISPOSAL	AC	06/13/2007		-	MCDANIEL 11-16 SWD	AC	<input type="checkbox"/>
221743	WELL	DA	07/25/1985	DA	077-08345	MCDANIEL 1-11	DA	<input type="checkbox"/>
221964	WELL	PR	09/05/2007	GW	077-08566	MCDANIEL 11-10	PR	<input checked="" type="checkbox"/>
273822	WELL	PR	12/01/2014	GW	077-08818	MC DANIEL 11-8	PR	<input checked="" type="checkbox"/>
273823	WELL	PR	06/01/2011	GW	077-08817	MCDANIEL 11-9	PR	<input checked="" type="checkbox"/>
273824	WELL	SI	03/06/2014	DSPW	077-08815	MCDANIEL 11-16	SI	<input checked="" type="checkbox"/>
273825	WELL	AL	09/23/2005	LO	077-08816	MCDANIEL 11-15	AL	<input type="checkbox"/>
274048	WELL	AL	08/03/2006	LO	077-08827	MCDANIEL 11-14	AL	<input type="checkbox"/>
296115	WELL	AL	06/28/2011	LO	077-09651	MCDANIEL 11-16B	AL	<input type="checkbox"/>
296116	WELL	PR	12/14/2010	GW	077-09652	MCDANIEL 11-16A	PR	<input checked="" type="checkbox"/>

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296117	WELL	AL	10/10/2012	LO	077-09653	MCDANIEL 11-15C	AL	<input type="checkbox"/>
296118	WELL	PR	07/01/2011	GW	077-09654	MCDANIEL 11-9C	PR	<input checked="" type="checkbox"/>
296119	WELL	PR	07/01/2011	GW	077-09655	MCDANIEL 11-9B	PR	<input checked="" type="checkbox"/>
296120	WELL	PR	06/26/2010	GW	077-09650	MCDANIEL 11-10C	PR	<input checked="" type="checkbox"/>
296121	WELL	PR	06/18/2010	GW	077-09649	MCDANIEL 11-10A	PR	<input checked="" type="checkbox"/>
296122	WELL	AL	10/10/2012	LO	077-09648	MCDANIEL 11-15A	AL	<input type="checkbox"/>
296123	WELL	AL	10/10/2012	LO	077-09647	MCDANIEL 11-15B	AL	<input type="checkbox"/>
296124	WELL	PR	12/13/2010	GW	077-09646	MCDANIEL 11-10B	PR	<input type="checkbox"/>
297881	WELL	PR	10/01/2012	GW	077-09709	MCDANIEL 11-9A	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
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	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

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	<50 BBLS	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	2	300 BBLS	STEEL AST	,
S/AR	SATISFACTORY	Comment:	AIRS ID 077-0544-001	
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				

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST	,

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S/AR	SATISFACTORY	Comment:	AIRS ID 077-0544-002			
Corrective Action:					Corrective Date:	
<u>Paint</u>						
Condition		Adequate				
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Corrective Action					Corrective Date	
Comment		Same				

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

<u>Flaring:</u>			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 334508

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: 221964 Type: WELL API Number: 077-08566 Status: PR Insp. Status: PR

Facility ID: 273822 Type: WELL API Number: 077-08818 Status: PR Insp. Status: PR

Facility ID: 273823 Type: WELL API Number: 077-08817 Status: PR Insp. Status: PR

Facility ID: 273824 Type: WELL API Number: 077-08815 Status: SI Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____
 S/A/V: SATISFACTORY CA Date: _____
 CA: _____
 Comment: MIT 9/5/14

Facility ID: 296116 Type: WELL API Number: 077-09652 Status: PR Insp. Status: PR

Facility ID: 296118 Type: WELL API Number: 077-09654 Status: PR Insp. Status: PR

Facility ID: 296119 Type: WELL API Number: 077-09655 Status: PR Insp. Status: PR

Facility ID: 296120 Type: WELL API Number: 077-09650 Status: PR Insp. Status: PR

Facility ID: 296121 Type: WELL API Number: 077-09649 Status: PR Insp. Status: PR

Facility ID: 297881 Type: WELL API Number: 077-09709 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:

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 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 _____

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 ☐

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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