

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:
01/14/2016
Document Number:
675202420
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>334501</u>	<u>334501</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 TX</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: NWSW Sec: 18 Twp: 9S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/06/2014	675200775			SATISFACTORY			No
11/06/2014	675200776			SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
295449	WELL	PR	05/06/2014	GW	077-09580	GIPP 18-14B	PR	<input checked="" type="checkbox"/>
295450	WELL	PA	10/02/2012	DA	077-09581	GUNDERSON 18-11C	PA	<input type="checkbox"/>
295451	WELL	PA	10/02/2012	DA	077-09582	GUNDERSON 18-11B	PA	<input type="checkbox"/>
295452	WELL	AL	06/08/2011	LO	077-09583	GIPP 18-14A	AL	<input type="checkbox"/>
295453	WELL	PA	10/02/2012	DA	077-09584	GUNDERSON 18-11A	PA	<input type="checkbox"/>
295454	WELL	PR	03/26/2012	GW	077-09585	GIPP 18-14	PR	<input checked="" type="checkbox"/>
295463	WELL	PR	09/21/2010	GW	077-09587	GIPP 18-12C	PR	<input checked="" type="checkbox"/>
295464	WELL	PA	10/02/2012	DA	077-09588	GIPP 18-12B	PA	<input type="checkbox"/>
295465	WELL	PA	10/02/2012	DA	077-09589	GIPP 18-12	PA	<input type="checkbox"/>
295466	WELL	PR	05/06/2014	GW	077-09591	GIPP 18-13A	PR	<input checked="" type="checkbox"/>

295467	WELL	PR	04/26/2010	GW	077-09592	GIPP 18-13	PR	<input checked="" type="checkbox"/>
295468	WELL	PR	05/03/2012	GW	077-09593	GIPP 18-13B	PR	<input checked="" type="checkbox"/>
295469	WELL	PA	10/02/2012	DA	077-09594	GUNDERSON 18-5C	PA	<input type="checkbox"/>
295492	WELL	PA	10/02/2012	DA	077-09590	GIPP 18-12A	PA	<input type="checkbox"/>
297074	WELL	PR	09/01/2012	GW	077-09674	GIPP 18-14C	PR	<input checked="" type="checkbox"/>
297075	WELL	PR	04/15/2014	GW	077-09675	GIPP 18-13C	PR	<input checked="" type="checkbox"/>
441870	SPILL OR RELEASE	CL	05/27/2015		-	SPILL/RELEASE POINT	CL	<input 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
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: 970-249-0497

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:

Type	Area	Volume	Corrective action	CA Date

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:

<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			

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	6	500 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment: AIRS ID 077-0541-001. One tank out of service.	
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
Metal	Adequate	Walls Sufficent	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: 334501

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>295449</u>	Type:	<u>WELL</u>	API Number:	<u>077-09580</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
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Facility ID:	<u>295454</u>	Type:	<u>WELL</u>	API Number:	<u>077-09585</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
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Facility ID:	<u>295463</u>	Type:	<u>WELL</u>	API Number:	<u>077-09587</u>	Status:	<u>PR</u>	Insp. Status:	<u>PR</u>
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Facility ID: 295466	Type: WELL	API Number: 077-09591	Status: PR	Insp. Status: PR
Facility ID: 295467	Type: WELL	API Number: 077-09592	Status: PR	Insp. Status: PR
Facility ID: 295468	Type: WELL	API Number: 077-09593	Status: PR	Insp. Status: PR
Facility ID: 297074	Type: WELL	API Number: 077-09674	Status: PR	Insp. Status: PR
Facility ID: 297075	Type: WELL	API Number: 077-09675	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 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 _____

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

Inspector Name: CONKLIN, CURTIS

S/A/V: _____ Corrective Date: _____

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

CA: _____

Pits: NO SURFACE INDICATION OF PIT