

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:
01/25/2016
Document Number:
675202440
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>334520</u>	<u>334520</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: NWNW Sec: 10 Twp: 10S Range: 94W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/10/2015	675201186			SATISFACTORY			No
08/13/2014	675200399			SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
159780	SPILL OR RELEASE	CL	01/17/2015		-	SPILL/RELEASE POINT	CL
291422	WELL	PA	02/13/2013	GW	077-09333	HAWKINS RANCH 10-2	PA
291438	WELL	PR	02/17/2015	GW	077-09339	HAWKINS RANCH 10-3	PR
291441	WELL	PR	11/19/2007	GW	077-09338	HAWKINS RANCH 3-13	PR
291442	WELL	PR	08/31/2011	GW	077-09337	HAWKINS RANCH 10-4	PR
295761	WELL	PR	03/07/2010	GW	077-09626	HAWKINS RANCH 10-2B	PR
295762	WELL	PR	10/14/2013	GW	077-09625	HAWKINS RANCH 10-4A	PR
295763	WELL	PR	02/16/2010	GW	077-09624	HAWKINS RANCH 10-3C	PR
295764	WELL	PR	03/01/2010	GW	077-09623	HAWKINS RANCH 10-3B	PR
295765	WELL	PR	08/01/2014	GW	077-09622	HAWKINS RANCH 10-2C	PR

295766	WELL	PR	12/14/2009	GW	077-09621	HAWKINS RANCH 10-3A	PR	<input checked="" type="checkbox"/>
295767	WELL	PR	12/18/2009	GW	077-09620	HAWKINS RANCH 10-2A	PR	<input checked="" type="checkbox"/>
295768	WELL	PR	03/06/2010	GW	077-09619	HAWKINS RANCH 3-13C	PR	<input checked="" type="checkbox"/>
295769	WELL	PR	11/04/2013	GW	077-09618	HAWKINS RANCH 3-13B	PR	<input checked="" type="checkbox"/>
295770	WELL	PR	03/12/2010	GW	077-09617	HAWKINS RANCH 3-13A	WK	<input checked="" type="checkbox"/>
297455	WELL	PR	02/04/2010	GW	077-09693	HAWKINS RANCH 10-4B	PR	<input checked="" type="checkbox"/>
297456	WELL	PR	02/15/2010	OW	077-09694	HAWKINS RANCH 10-4C	PR	<input checked="" type="checkbox"/>
414313	PIT	CL	12/09/2011		-	HAWKINS RANCH 10-4 PAD	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
DRILLING/RECOMP	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: 970-248-0497

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	<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				

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	300 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				

Facilities: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	300 BBLS	STEEL AST	,

Inspector Name: CONKLIN, CURTIS

S/AR	SATISFACTORY	Comment:	AIRS ID 077-0476-003			
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	

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

Predrill

Location ID: 334520

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: 291438 Type: WELL API Number: 077-09339 Status: PR Insp. Status: PR

Facility ID: 291441 Type: WELL API Number: 077-09338 Status: PR Insp. Status: PR

Facility ID: 291442 Type: WELL API Number: 077-09337 Status: PR Insp. Status: PR

Facility ID: 295761 Type: WELL API Number: 077-09626 Status: PR Insp. Status: PR

Facility ID: 295762 Type: WELL API Number: 077-09625 Status: PR Insp. Status: PR

Facility ID: 295763 Type: WELL API Number: 077-09624 Status: PR Insp. Status: PR

Facility ID:	295764	Type:	WELL	API Number:	077-09623	Status:	PR	Insp. Status:	PR
Facility ID:	295765	Type:	WELL	API Number:	077-09622	Status:	PR	Insp. Status:	PR
Facility ID:	295766	Type:	WELL	API Number:	077-09621	Status:	PR	Insp. Status:	PR
Facility ID:	295767	Type:	WELL	API Number:	077-09620	Status:	PR	Insp. Status:	PR
Facility ID:	295768	Type:	WELL	API Number:	077-09619	Status:	PR	Insp. Status:	PR
Facility ID:	295769	Type:	WELL	API Number:	077-09618	Status:	PR	Insp. Status:	PR
Facility ID:	295770	Type:	WELL	API Number:	077-09617	Status:	PR	Insp. Status:	WK

Workover

Comment: Ensign Rig 340. Cleaning sand out of well.

Facility ID:	297455	Type:	WELL	API Number:	077-09693	Status:	PR	Insp. Status:	PR
Facility ID:	297456	Type:	WELL	API Number:	077-09694	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

S/A/V: _____ Corrective Date: _____

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

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	414313	1630257	
	414313	1630257	