

**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:

01/27/2016

Document Number:

673503132

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 206290 | 321214 | COSTA, RYAN | <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 |
|-------------------|-------|---------------------------|---------|
| BOOTH JUSTIN | | justin_booth@oxy.com | |
| SINARD KAREN | | karen_sinard@oxy.com | |
| MONTGOMERY KELLEY | | kelley_montgomery@oxy.com | |
| Ramos, Martha | | martha.ramos@state.co.us | |

Compliance Summary:QtrQtr: SENW Sec: 9 Twp: 23S Range: 48W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 02/04/2015 | 673502089 | PA | PA | ACTION REQUIRED | | Fail | No |
| 08/08/2013 | 668601208 | PR | PA | SATISFACTORY | | I | No |
| 08/08/2013 | 668601207 | PR | PA | SATISFACTORY | | | No |
| 08/07/2013 | 668601206 | PR | PA | SATISFACTORY | | | No |
| 11/14/2012 | 663901961 | PR | PR | SATISFACTORY | P | | No |
| 12/05/2011 | 663900197 | PR | PR | SATISFACTORY | P | | No |
| 10/18/2010 | 200278744 | PR | PR | SATISFACTORY | | | No |
| 10/07/2010 | 200279839 | PR | PR | SATISFACTORY | | | No |
| 08/05/2010 | 200266319 | PR | PR | ACTION REQUIRED | | | Yes |
| 12/30/2009 | 200226262 | PR | PR | SATISFACTORY | | | No |
| 02/20/2008 | 200127222 | PR | PR | SATISFACTORY | | | No |
| 11/02/2006 | 200098398 | PR | PR | ACTION REQUIRED | | Fail | Yes |
| 03/13/2000 | 200005185 | PR | PR | SATISFACTORY | I | Pass | No |
| 04/11/1997 | 500136809 | PR | PR | | | Pass | No |
| 08/17/1995 | 500136808 | PR | PR | | | Pass | No |

Inspector Comment:

Inspector Name: COSTA, RYAN

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 206290 | WELL | PA | 08/08/2013 | GW | 011-06036 | SNIFF B-1 | RI | <input checked="" type="checkbox"/> |
| 435031 | PIT | AC | 11/12/2013 | | - | SNIFF B-1 | AC | <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 |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Emergency Contact Number (S/AR): _____

Corrective Date: _____

Comment: _____

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: _____ | |

Venting:

| |
|---------------|
| Yes/No _____ |
| Comment _____ |

Flaring:

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

Predrill

Location ID: 206290

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: 206290 Type: WELL API Number: 011-06036 Status: PA Insp. Status: RI

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: COSTA, RYAN

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

Inspector Name: COSTA, RYAN

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: **It appears that the pipe risers have been removed since the previous inspection. Straw blanket has been installed at the location. Vegetation appears to be establishing underneath the blanket. SEE ATTACHED PHOTOS**

Well plugged _____

Pit mouse/rat holes, cellars backfilled Pass

Debris removed _____

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Gravel removed Pass

Location and associated production facilities reclaimed In

Locations, facilities, roads, recontoured _____

Compaction alleviation _____

Dust and erosion control In

Non cropland: Revegetated 80% In

Cropland: perennial forage _____

Weeds present _____

Subsidence Pass

Comment: **There's places where the straw blanket is in disrepair. It appears that livestock maybe causing the blanket to be displaced. The straw blanket will need to be maintained. Additional seeding may be needed in areas that are not establishing vegetation.**

Corrective Action: _____

Date _____

Overall Final Reclamation In Process

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: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
| | 435031 | 2145066 | |
| | 435031 | 2145066 | |

COGCC Comments

| Comment | User | Date |
|--|--------|------------|
| Establish vegetation with total perennial non-invasive plant cover of at least eighty (80) percent of pre-disturbance or reference area levels. Use a seed mixture that matches the adjacent pastureland or a seed mixture requested by the landowner. Continue to monitor and manage this site until Final Reclamation has Passed. | CostaR | 02/04/2016 |

Attached Documents

Inspector Name: COSTA, RYAN

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------------|---|
| 673503133 | Inspection Photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3776488 |