

**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:

03/14/2016

Document Number:

680400394

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	211098	323887	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 66571Name of Operator: OXY USA WTP LPAddress: P O 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Bankert, Wayne	970-683-5419	wbankert@laramie-energy.com	Sr. Regulatory & Environmental Coordinator

Compliance Summary:QtrQtr: SWSW Sec: 29 Twp: 6S Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/24/2016	674300564	IJ	IJ	SC			No
07/22/2015	680400105	IJ	AC	SATISFACTORY			No
07/23/2014	668402471	IJ	SI	SATISFACTORY	P		No
08/15/2012	663800458	IJ	AC	SATISFACTORY			No
08/05/2011	200318784	RT	AC	SATISFACTORY			No
08/20/2010	200267399	RT	AC	SATISFACTORY			No
03/25/2009	200214331	RT	SI	SATISFACTORY			No
03/18/2009	200214330	MT	SI	SATISFACTORY			No
07/27/2000	200010835	PR	PR	ACTION REQUIRED		Fail	No
07/01/1999	500142607	PR	PR				
09/15/1998	500142606	PR	PR				
06/13/1994	500142605		DG				

Inspector Comment:Routine UIC inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159281	UIC DISPOSAL	AC	06/05/2009		-	CASCADE CREEK 629-1	AC	<input checked="" type="checkbox"/>
211098	WELL	IJ	06/08/2015	DSPW	045-06857	CASCADE CREEK 629-1	AC	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

417559	CENTRALIZED EP WASTE MGMT FAC	AC	06/02/2010		-	CENTRAL WATER HANDLING FACILITY 417559	AC	
439307	SPILL OR RELEASE	CL	10/13/2014		-	SPILL/RELEASE POINT	CL	
440152	SPILL OR RELEASE	CL	11/26/2014		-	SPILL/RELEASE POINT	CL	
443727	SPILL OR RELEASE	CL	10/20/2015		-	SPILL/RELEASE POINT	CL	
444991	SPILL OR RELEASE	AC	02/29/2016		-	SPILL/RELEASE POINT	AC	

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
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

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
WELLHEAD	SATISFACTORY			

Equipment:			
Type:	#	Satisfactory/Action Required:	
Comment			
Corrective Action			Date:

Venting:	
Yes/No	NO
Comment	

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

Predrill

Location ID: 211098

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: 159281 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: Maximum Injection Pressure: 670

UIC RoutineInj./Tube: Pressure or inches of Hg Previous Test Pressure MPP
(e.g. 30 psig or -30" Hg) Inj Zone:

TC: Pressure or inches of Hg Previous Test Pressure Last MIT:

Brhd: Pressure or inches of Hg Previous Test Pressure AnnMTReq:

Comment:

Method of Injection: PUMP FEED

Test Type: Tbg psi: Csg psi: BH psi:

Insp. Status:

Comment:

Facility ID: 211098 Type: WELL API Number: 045-06857 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: Maximum Injection Pressure:

UIC RoutineInj./Tube: Pressure or inches of Hg Previous Test Pressure MPP
(e.g. 30 psig or -30" Hg) Inj Zone: WFUMV

TC: Pressure or inches of Hg Previous Test Pressure Last MIT: 08/09/2013

Brhd: Pressure or inches of Hg Previous Test Pressure AnnMTReq:

Comment: No active injection at time of inspection. No gauges on wellhead.

Method of Injection: PUMP FEED

Test Type: Tbg psi: Csg psi: BH psi:

Insp. Status:

Comment:

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: _____

Inspector Name: BROWNING, CHUCK

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S/A/V:

Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT