

**FORM
INSP**Rev
X/20**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:

09/15/2023

Submitted Date:

09/15/2023

Document Number:

695108641

FIELD INSPECTION FORMLoc ID 334553 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 66561

Name of Operator: OXY USA INC

Address: PO BOX 173779

City: DENVER State: CO Zip: 80217-

Status Summary:☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**

4 Number of Comments

1 Number of Corrective Actions

☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
,		COGCCInspections@Oxy.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
211828	WELL	PR	09/01/2022	CO2	055-06065	SHEEP MOUNTAIN UNIT 3-4-0	PR

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒**Spills:**

Type

Area

Volume

In Containment: No

Comment:

☐ Multiple Spills and Releases?**Equipment:**

corrective date

Type: Bradenhead

1

Comment: IS ACCESSABLE

Corrective Action:

Date:

Type: Ancillary equipment

2

Comment: ELECTRIC BOXES

Corrective Action:

Date:

Venting:

Yes/No

NO

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected FacilitiesFacility ID: 211828 Type: WELL API Number: 055-06065 Status: PR Insp. Status: PR**Producing Well**

Comment:

Corrective Action:

Date:

BradenHeadDate of Last Brhd Test: 04/05/2022Annual Brhd Completed? Last Brhd Test Results Initial Surf Csg Pressure: 1 Fluid Type: NONEEnd Surf Csg Pressure: 0Comment: Annual Bradenhead Testing and Reporting 419 C09/20/2023Corrective Action: For all Wells other than coalbed methane Wells, an Operator will perform an annual Bradenhead test and submit the data to the Director on a Form 17 or other Director approved method.

Date:

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
695108642	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6262394