

FORM INSP
Rev 05/11

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
----	----	----	----

Inspection Date:
01/18/2012

Document Number:
659300110

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>BROWNING, CHUCK</u>
	<u>285688</u>	<u>334528</u>		

Operator Information:

OGCC Operator Number: <u>66561</u>	Name of Operator: <u>OXY USA INC</u>
Address: <u>PO BOX 27757</u>	
City: <u>HOUSTON</u>	State: <u>TX</u> Zip: <u>77227</u>

Contact Information:

Contact Name	Phone	Email	Comment
Clark, Chris	970-263-3651	chris_clark@oxy.com	Field Regulatory Lead-Piceance
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:

QtrQtr: <u>SWSE</u>	Sec: <u>26</u>	Twp: <u>9S</u>	Range: <u>94W</u>
---------------------	----------------	----------------	-------------------

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/05/2007	200106256	CC	ND	S		P	N
07/25/2007	200119670	PR	ND	S			N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
285683	WELL	PR	01/01/2011	GW	077-09095	CURRIER 26-15	X
285684	WELL	PR	03/17/2009	OW	077-09096	CURRIER 26-16	X
285685	WELL	SI	07/16/2009	GW	077-09097	CURRIER 26-14	X
285687	WELL	PR	09/18/2009	OW	077-09098	CURRIER 26-10	X
285688	WELL	PR	07/03/2008	OW	077-09099	CURRIER 26-9C	X
285692	WELL	PR	08/01/2011	GW	077-09100	CURRIER 35-2	X
285694	WELL	PR	01/01/2011	GW	077-09101	CURRIER 35-1	X
285696	WELL	PR	08/01/2011	GW	077-09102	CURRIER 25-13	X
285699	WELL	PR	01/01/2011	GW	077-09103	CURRIER 35-3	X
285702	WELL	PR	01/01/2011	GW	077-09104	CURRIER 36-4	X

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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	Satisfactory			
Horizontal Heated Separator	3	Satisfactory			
Horizontal Heated Separator	3	Satisfactory			
Horizontal Heated Separator	2	Satisfactory			

Tanks/Berms:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	2	300 BBLS	STEEL AST	39.242220,107.845840	
S/U/V:	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	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Tanks/Berms:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	3	300 BBLS	STEEL AST	39.242100,107.845990	
S/U/V:	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	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334528

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

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:

Well

Facility ID: 285683 API Number: 077-09095 Status: PR Insp. Status: PR

Facility ID: 285684 API Number: 077-09096 Status: PR Insp. Status: PR

Facility ID: 285685 API Number: 077-09097 Status: SI Insp. Status: SI

Facility ID: 285687 API Number: 077-09098 Status: PR Insp. Status: PR

Facility ID: 285688 API Number: 077-09099 Status: PR Insp. Status: PR

Facility ID: 285692 API Number: 077-09100 Status: PR Insp. Status: PR

Facility ID: 285694 API Number: 077-09101 Status: PR Insp. Status: PR

Facility ID: 285696 API Number: 077-09102 Status: PR Insp. Status: PR

Facility ID: 285699 API Number: 077-09103 Status: PR Insp. Status: PR

Facility ID: 285702 API Number: 077-09104 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: 01/18/2012 Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

- 1003a. Debris removed? Pass CM _____
CA _____ CA Date _____
- Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
- Unused or unneeded equipment onsite? Pass CM _____
CA _____ CA Date _____
- Pit, cellars, rat holes and other bores closed? Pass CM _____
CA _____ CA Date _____
- Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
- Guy line anchors marked? Pass CM _____
CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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 Pass

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

Storm Water:

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

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____