

**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



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Inspection Date:

05/31/2012

Document Number:

663800370

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>290136</u>	<u>335844</u>		<u>LONGWORTH, MIKE</u>

Operator Information:OGCC Operator Number: 66571 Name of Operator: OXY USA WTP LPAddress: P O BOX 27757City: HOUSTON State: TX Zip: 77227**Contact Information:**

Contact Name	Phone	Email	Comment
Clark, Chris		Chris_Clark@oxy.com	

Compliance Summary:QtrQtr: NENE Sec: 16 Twp: 6S Range: 97W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
288287	WELL	SI	02/16/2012	GW	045-13180	CASCADE CREEK 697-16-32	<input checked="" type="checkbox"/>
290124	WELL	PR	02/29/2008	OW	045-13997	CASCADE CREEK 697-15-01A	<input checked="" type="checkbox"/>
290125	WELL	AL	12/10/2009	LO	045-13996	CASCADE CREEK 697-16-15DB	<input type="checkbox"/>
290126	WELL	AL	12/10/2009	LO	045-13995	CASCADE CREEK 697-16-15DC	<input type="checkbox"/>
290127	WELL	AL	12/10/2009	LO	045-13994	CASCADE CREEK 697-16-23DA	<input type="checkbox"/>
290128	WELL	AL	12/10/2009	LO	045-13993	CASCADE CREEK 697-16-23BD	<input type="checkbox"/>
290129	WELL	PR	09/17/2009	OW	045-13992	CASCADE CREEK 697-16-31	<input checked="" type="checkbox"/>
290130	WELL	PR	09/17/2009	OW	045-13991	CASCADE CREEK 697-16-07	<input checked="" type="checkbox"/>
290131	WELL	SI	02/16/2012	OW	045-13990	CASCADE CREEK 697-16-15A	<input checked="" type="checkbox"/>
290132	WELL	AL	12/10/2009	LO	045-13989	CASCADE CREEK 697-15-17DA	<input type="checkbox"/>
290133	WELL	PR	09/17/2009	GW	045-13988	CASCADE CREEK 697-15-17B	<input checked="" type="checkbox"/>
290134	WELL	PR	09/17/2009	GW	045-13987	CASCADE CREEK 697-15-25	<input checked="" type="checkbox"/>
290135	WELL	PR	11/24/2008	LO	045-13986	CASCADE CREEK 697-16-06	<input checked="" type="checkbox"/>
290136	WELL	SI	02/16/2012	GW	045-13985	CASCADE CREEK 697-15-09A	<input checked="" type="checkbox"/>
290137	WELL	AL	01/07/2009	LO	045-13984	CASCADE CREEK 697-15-09DB	<input type="checkbox"/>
290138	WELL	PR	01/01/2008	GW	045-13983	CASCADE CREEK 697-09-64	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory	Label are too small to read from 100"		
WELLHEAD	Unsatisfactory	signs down and missing several	Install sign to comply with rule 210.b.	06/30/2012
BATTERY	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			

Spills:

Type	Area	Volume	Corrective action	CA Date
Lube Oil	WELLHEAD	<= 5 bbls	Stains around several well heads. Clean up and remediate stains.	06/08/2012

☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory			
WELLHEAD	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	3	Satisfactory			
Plunger Lift	10	Satisfactory			
Horizontal Heated Separator	10	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	<100 BBLS	STEEL AST	,
S/U/V:	Satisfactory		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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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	4	400 BBLS	STEEL AST	,
S/U/V:	Satisfactory		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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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	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335844

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____ **Date:** _____**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 288287 Type: WELL API Number: 045-13180 Status: SI Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 290124 Type: WELL API Number: 045-13997 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 290129 Type: WELL API Number: 045-13992 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 290130 Type: WELL API Number: 045-13991 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 290131 Type: WELL API Number: 045-13990 Status: SI Insp. Status: PR**Producing Well**Comment: Facility ID: 290133 Type: WELL API Number: 045-13988 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 290134 Type: WELL API Number: 045-13987 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 290135 Type: WELL API Number: 045-13986 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 290136 Type: WELL API Number: 045-13985 Status: SI Insp. Status: PR**Producing Well**Comment: Facility ID: 290138 Type: WELL API Number: 045-13983 Status: PR Insp. Status: PR**Producing Well**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. Debris removed? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ 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 removed? _____ 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 REVEGETATIONCropland

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:

Inspector Name: LONGWORTH, MIKE

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
Blankets		Culverts	Pass			

S/U/V: _____

Corrective Date: _____

Comment: _____

CA: _____