

|                               |  |  |                      |
|-------------------------------|--|--|----------------------|
| <b>FORM INSP</b><br>Rev 05/11 | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109 |  | DE<br>ET<br>OE<br>ES |
|-------------------------------|--|--|----------------------|

**FIELD INSPECTION FORM**

|                     |             |        |                 |   |
|---------------------|-------------|--------|-----------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
|                     | 291972      | 324041 | LONGWORTH, MIKE | 2A Doc Num: _____                           |

Inspection Date: 08/30/2013

Document Number: 663902107

Overall Inspection: **Unsatisfactory**

**Operator Information:**

OGCC Operator Number: 66571 Name of Operator: OXY USA WTP LP

Address: P O BOX 27757

City: HOUSTON State: TX Zip: 77227

**Contact Information:**

| Contact Name    | Phone | Email                      | Comment |
|-----------------|-------|----------------------------|---------|
| KELLERBY, SHAUN |       | shaun.kellerby@state.co.us |         |
| Clark, Chris    |       | Chris_Clark@oxy.com        |         |

**Compliance Summary:**

QtrQtr: \_\_\_\_\_ Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Range: \_\_\_\_\_

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name       |
|-------------|------|--------|-------------|------------|-----------|---------------------|
| 211560      | WELL | PR     | 01/28/2013  | GW         | 045-07320 | CASCADE CREEK 609-2 |
| 291972      | PIT  | AC     | 08/20/2007  |            | -         | CC POND 4/609-2     |

**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/Unsatisfactory | comment | Corrective Action | Date |
|------|-----------------------------|---------|-------------------|------|
| Main | Satisfactory                |         |                   |      |

**Signs/Marker:**

| Type       | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------------|-----------------------------|---------|-------------------|---------|
| CONTAINERS | Satisfactory                |         |                   |         |
| WELLHEAD   | Satisfactory                |         |                   |         |
| BATTERY    | Satisfactory                |         |                   |         |

|                      |              |  |  |  |
|----------------------|--------------|--|--|--|
| TANK LABELS/PLACARDS | 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    |
|-----------|-----------------------------|---------|-------------------|------------|
| SEPARATOR | Satisfactory                |         |                   |            |
| PIT       | <b>Violation</b>            |         | Repair fencing    | 08/31/2013 |
| WELLHEAD  | Satisfactory                |         |                   |            |

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment                      | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|------------------------------|-------------------|---------|
| Ancillary equipment         | 1 | Satisfactory                | Well treatment chemical tote |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                | sep/dehy combo               |                   |         |
| Plunger Lift                | 1 | Satisfactory                |                              |                   |         |
| Bird Protectors             | 2 | Satisfactory                |                              |                   |         |
| Dehydrator                  | 1 | Satisfactory                | sep/dehy combo               |                   |         |

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

| Contents   | # | Capacity | Type      | SE GPS               |
|------------|---|----------|-----------|----------------------|
| CONDENSATE | 1 | 400 BBLS | STEEL AST | 39.539230,108.226790 |

S/U/V: Satisfactory Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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 \_\_\_\_\_

|                    |              |                                   |                     |                  |
|--------------------|--------------|-----------------------------------|---------------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____      |                  |
| Contents           | #            | Capacity                          | Type                | SE GPS           |
| PRODUCED WATER     | 1            | 400 BBLS                          | STEEL AST           | ,                |
| 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      |
|                    |              |                                   |                     |                  |
| Corrective Action  |              |                                   |                     | Corrective Date  |
| Comment            |              |                                   |                     |                  |

|                    |              |                                   |                     |                  |
|--------------------|--------------|-----------------------------------|---------------------|------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____      |                  |
| Contents           | #            | Capacity                          | Type                | SE GPS           |
| METHANOL           | 1            | <50 BBLS                          | STEEL AST           | ,                |
| 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      |
|                    |              |                                   |                     |                  |
| Corrective Action  |              |                                   |                     | Corrective Date  |
| Comment            |              |                                   |                     |                  |

|                 |         |
|-----------------|---------|
| <b>Venting:</b> |         |
| Yes/No          | Comment |
|                 |         |

|                 |                             |         |                   |         |
|-----------------|-----------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                             |         |                   |         |
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|                 |                             |         |                   |         |

|  |
|--|
|  |
|--|

**Predrill**

Location ID: 324041

**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: 211560 Type: WELL API Number: 045-07320 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**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:** \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_  
 DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**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 REVEGETATION**

Cropland



Pit Type: \_\_\_\_\_ Lined: YES Pit ID: \_\_\_\_\_ Lat: 39.533970 Long: 108.226860

**Lining:**

Liner Type: HDPE Liner Condition: Adequate

Comment: Cover not being maintained

**Fencing:**

Fencing Type: Livestock Fencing Condition: Adequate

Comment: Fence has been cut to allow for suction pipes. Pipes have been removed and now there are holes in fence

**Netting:**

Netting Type: \_\_\_\_\_ Netting Condition: Sagging into pit

Comment: Floating cover. Cover is in poor condition and bunched up in North East corner.

Anchor Trench Present: \_\_\_\_\_ Oil Accumulation: YES 2+ feet Freeboard: \_\_\_\_\_

Pit (S/U/V): Violation Comment: Floating cover and fencing are in poor condition. Made contact with Daniel Padilla of Oxy at 4pm 8/30/2013. Asked that the fluid be removed from pit cover in 24 hrs and then make proper repairs

Corrective Action: Remove fluid from pit cover with 24 hrs. Maintain cover and get up flags over pit. Repair fence.

Date: 08/31/2013

| Permit: | Facility ID | Permit Num | Expiration Date |
|---------|-------------|------------|-----------------|
|         | 291972      | 1433708    |                 |
|         | 291972      | 1433708    |                 |

| Monitoring: | Monitoring Type | Comment |
|-------------|-----------------|---------|
|             | None            |         |