

**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:

09/04/2013

Document Number:

663902125

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335844	335844	LONGWORTH, MIKE	<input type="checkbox"/>	

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
Clark, Chris		Chris_Clark@oxy.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: <u>NENE</u>	Sec: <u>16</u>	Twp: <u>6S</u>	Range: <u>97W</u>				
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/31/2012	663800370	SI	PR	U			N
01/20/2010	200234785	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
288287	WELL	PR	04/11/2012	GW	045-13180	CASCADE CREEK 697-16-32	<input checked="" type="checkbox"/>
290124	WELL	PR	02/29/2008	GW	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	12/04/2012	LO	045-13995	CASCADE CREEK 697-16-15DC	<input type="checkbox"/>
290127	WELL	AL	12/04/2012	LO	045-13994	CASCADE CREEK 697-16-23DA	<input type="checkbox"/>
290128	WELL	AL	12/04/2012	LO	045-13993	CASCADE CREEK 697-16-23BD	<input type="checkbox"/>
290129	WELL	PR	07/11/2012	GW	045-13992	CASCADE CREEK 697-16-31	<input checked="" type="checkbox"/>
290130	WELL	PR	09/17/2009	GW	045-13991	CASCADE CREEK 697-16-07	<input checked="" type="checkbox"/>
290131	WELL	PR	04/20/2012	GW	045-13990	CASCADE CREEK 697-16-15A	<input checked="" type="checkbox"/>
290132	WELL	AL	12/04/2012	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	GW	045-13986	CASCADE CREEK 697-16-06	<input checked="" type="checkbox"/>
290136	WELL	PR	11/12/2012	GW	045-13985	CASCADE CREEK 697-15-09A	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

290137	WELL	AL	12/04/2012	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

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			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: <u>(S/U/V)</u> Satisfactory	Corrective Date: _____
Comment: _____	
Corrective Action: _____	

Spills:

Type	Area	Volume	Corrective action	CA Date
Lube Oil	WELLHEAD	<= 5 bbls	Clean up oil stained wells and cellars.	09/11/2013

☒ 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			
Ancillary equipment	3	Satisfactory	well treatment totes at wells		
Plunger Lift	10	Satisfactory			
Horizontal Heated Separator	11	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	<100 BBLS	STEEL AST	39.527500,-108.216840	
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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	400 BBLS	STEEL AST	39.527550,-108.216830	
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	
Ignitor/Combustor	Satisfactory				

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: PR Insp. Status: PR

Producing Well

Comment: Producing well

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

Producing Well

Comment: Producing well

Facility ID: 290129 Type: WELL API Number: 045-13992 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290130 Type: WELL API Number: 045-13991 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290131 Type: WELL API Number: 045-13990 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well. Oil stained well head and cellar floor.

Facility ID: 290133 Type: WELL API Number: 045-13988 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290134 Type: WELL API Number: 045-13987 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290135 Type: WELL API Number: 045-13986 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well. Oil stained well head and cellar floor.

Facility ID: 290136 Type: WELL API Number: 045-13985 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well. Oil stained well head and cellar floor.

Facility ID: 290138 Type: WELL API Number: 045-13983 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:

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? 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? _____ CM _____
 CA _____ CA Date _____

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

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? Fail

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: No Form 4 Interim Reclamation submitted. Excessive size location. Reclaim unused areas.

Overall Interim Reclamation Fail**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

Multi-Well Location



Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Rip Rap	Pass	Culverts	Pass			
Blankets	Pass	Berms	Pass	MHSP	Pass	Secondary containment for chemical totes in place
Seeding	Fail	Ditches	Fail			Maintain ditches
Drains	Pass	Check Dams	Pass			

S/U/V: Satisfactory _____

Corrective Date: _____

Comment: Reclaim and seed unused areas. Maintain ditches

CA: _____