

**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



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

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	<input type="checkbox"/>
	<u>335844</u>	<u>335844</u>	<u>LONGWORTH, MIKE</u>	2A Doc Num:	

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: NENE Sec: 16 Twp: 6S Range: 97W

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"/>

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: (S/U/V) 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			

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 REVEGETATION

Cropland

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:

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: _____