

**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
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Inspection Date:
01/27/2015Document Number:
675201114Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334551	334551	CONKLIN, CURTIS	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 66561Name of Operator: OXY USA INCAddress: PO BOX 27757 #110City: HOUSTON State: TX Zip: 77227-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☒ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

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

Compliance Summary:QtrQtr: SENW Sec: 32 Twp: 9S Range: 94W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
285287	WELL	AL	10/24/2006	LO	077-09089	MITCHELL 32-7	AL	<input type="checkbox"/>
285288	WELL	PR	06/21/2006	GW	077-09088	MITCHELL FED. 32-12	PR	<input checked="" type="checkbox"/>
285289	WELL	PR	06/21/2006	GW	077-09086	MITCHELL 32-3	PR	<input checked="" type="checkbox"/>
285290	WELL	PR	06/21/2006	GW	077-09085	MITCHELL FED. 32-4	PR	<input checked="" type="checkbox"/>
285291	WELL	PR	01/01/2014	GW	077-09087	MITCHELL FED. 32-11	PR	<input checked="" type="checkbox"/>
285783	WELL	PR	07/20/2006	GW	077-09109	MITCHELL FED. 32-5	PR	<input checked="" type="checkbox"/>
285784	WELL	PR	07/20/2006	GW	077-09108	MITCHELL 32-6	PR	<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 Motors: _____	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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 970-248-0497

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	Panels		
WELLHEAD	SATISFACTORY	Panels		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	Chem unit w/ containment		
Vertical Heated Separator	6	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Plunger Lift	6	SATISFACTORY			
Gathering Line	1	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	200 BBLs	STEEL AST	,

S/A/V: SATISFACTORY

Comment: _____

Corrective Action: _____

Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 250 bbl

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Inspector Name: CONKLIN, CURTIS

Corrective Action				Corrective Date	
Comment					

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill				
Location ID: 334551				
Site Preparation:				
Lease Road Adeq.:		Pads:	Soil Stockpile:	
S/A/V:				
Corrective Action:		Date:	CDP Num.:	
Form 2A COAs:				
S/A/V:		Comment:		
CA:		Date:		
Wildlife BMPs:				
S/A/V:		Comment:		
CA:		Date:		
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:				

Facility									
Facility ID:	285288	Type:	WELL	API Number:	077-09088	Status:	PR	Insp. Status:	PR

Producing WellComment: **PR w/ plunger**Facility ID: 285289 Type: WELL API Number: 077-09086 Status: PR Insp. Status: PR**Producing Well**Comment: **PR w/ plunger**Facility ID: 285290 Type: WELL API Number: 077-09085 Status: PR Insp. Status: PR**Producing Well**Comment: **PR w/ plunger**Facility ID: 285291 Type: WELL API Number: 077-09087 Status: PR Insp. Status: PR**Producing Well**Comment: **PR w/ plunger**Facility ID: 285783 Type: WELL API Number: 077-09109 Status: PR Insp. Status: PR**Producing Well**Comment: **PR w/ plunger**Facility ID: 285784 Type: WELL API Number: 077-09108 Status: PR Insp. Status: PR**Producing Well**Comment: **PR w/ plunger****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 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:**

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 _____

Inspector Name: CONKLIN, CURTIS

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____

Well Release on Active Location ☐

Multi-Well Location ☐

Storm Water:

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

S/A/V: _____ Corrective Date: _____

Comment: Could not do complete stormwater inspection due to snow cover.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT