

**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:

06/23/2015

Document Number:

668403184

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>279728</u>	<u>334518</u>	<u>BROWNING, CHUCK</u>	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 66561Name of Operator: OXY USA INCAddress: 760 HORIZON DR #101City: GRAND JUNCTION State: CO Zip: 81506

- ☐ 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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Clark, Chris	970-263-3651	chris_clark@oxy.com	Field Regulatory Lead-Piceance

Compliance Summary:

QtrQtr:	<u>SWNE</u>	Sec:	<u>17</u>	Twp:	<u>10S</u>	Range:	<u>94W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/30/2014	668402415	PR	AC	SATISFACTORY	P		No
01/16/2014	668401897	PR	AC	SATISFACTORY	P		No
07/25/2013	668401531	IJ	AC	SATISFACTORY	P		No
07/17/2013	668401514	IJ	SI	ALLEGED VIOLATION	P		Yes
08/14/2012	668400625	IJ	AC	SATISFACTORY	P		No
07/01/2010	200264131	RT	AC	SATISFACTORY			No
11/13/2008	200198994	RT	SI	SATISFACTORY			No
11/13/2008	200204856	MI	PR	SATISFACTORY			No
05/24/2007	200113514	PR	SI	SATISFACTORY	I	Pass	No
01/23/2007	200107132	PR	PR	SATISFACTORY	I	Pass	No
12/09/2006	200101731	PR	PR	ACTION REQUIRED	I	Fail	Yes

Inspector Comment:Routine UIC Inspection.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159232	UIC DISPOSAL	AC	07/17/2008		-	MY WAY RANCH 17-2 SWD	AC	<input checked="" type="checkbox"/>
273268	WELL	PR	07/15/2005	GW	077-08811	MY WAY RANCH 17-7	PR	<input checked="" type="checkbox"/>
279728	WELL	PR	09/05/2007	GW	077-08942	MY WAY RANCH 17-2	SI	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

279729	WELL	PR	05/10/2012	GW	077-08943	MY WAY RANCH 17-8	PR	<input checked="" type="checkbox"/>
280503	WELL	PR	11/18/2005	GW	077-08955	MY WAY RANCH FED. 17-1	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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			
Main	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 279728

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: 159232 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 790

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **Routine UIC Inspection.**

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 273268 Type: WELL API Number: 077-08811 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 279728 Type: WELL API Number: 077-08942 Status: PR Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: WMFK

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 07/25/2013

Brhd: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **Routine UIC Inspection. No active injection at time of inspection.**

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 279729 Type: WELL API Number: 077-08943 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift**

Facility ID: 280503 Type: WELL API Number: 077-08955 Status: PR Insp. Status: PR

Producing WellComment: **Plunger Lift****Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Inspector Name: BROWNING, CHUCK

Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
<u>Water Well:</u>			
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	Lat _____ Long _____
<u>Field Parameters:</u>			
Sample Location: _____			
Emission Control Burner (ECB): _____			
Comment: _____			
Pilot: _____		Wildlife Protection Devices (fired vessels): _____	
Reclamation - Storm Water - Pit			
<u>Interim Reclamation:</u>			
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			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			

Inspector Name: BROWNING, CHUCK

Top soil replaced _____

Recontoured _____

80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

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 _____

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
Berms	Pass	Gravel	Pass	MHSP	Pass	

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT