

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:
08/26/2015

Document Number:
674701768

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335090</u>	<u>335090</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>66571</u>
Name of Operator:	<u>OXY USA WTP LP</u>
Address:	<u>P O BOX 27757 #110</u>
City:	<u>HOUSTON</u> State: <u>TX</u> Zip: <u>77227-</u>

- 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: NWNE Sec: 29 Twp: 6S Range: 97W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/10/2015	674701245			ACTION REQUIRED			No
10/31/2014	674700519			SATISFACTORY			No
05/23/2014	663903237			SATISFACTORY			No

Inspector Comment:

Follow up to 4/10/15 inspection doc # 674701245. Corrective actions have been addressed.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
260063	WELL	PR	02/13/2005	GW	045-07811	CASCADE CREEK 629-31-11	PR	<input checked="" type="checkbox"/>
282705	WELL	DA	04/19/2006	DA	045-11817	CASCADE CREEK 697-29-15D	DA	<input type="checkbox"/>
282707	WELL	PR	03/16/2015	GW	045-11816	CASCADE CREEK 697-29-15DX	PR	<input checked="" type="checkbox"/>
282708	WELL	PR	05/01/2013	GW	045-11815	CASCADE CREEK 697-29-20D	PR	<input checked="" type="checkbox"/>
282709	WELL	TA	10/27/2014	GW	045-11814	CASCADE CREEK 697-20-59D	TA	<input checked="" type="checkbox"/>
284454	WELL	PR	08/24/2006	GW	045-12181	CASCADE CREEK 697-29-22D	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: 970-248-0497

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	4	SATISFACTORY			
Dehydrator	1	SATISFACTORY			
Plunger Lift	5	SATISFACTORY			
Bird Protectors	6	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical container at wells		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	400 BBLs	STEEL AST	,

S/A/V: SATISFACTORY Comment: Air id 045-9505-002

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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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				

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 335090

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 260063 Type: WELL API Number: 045-07811 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 282707 Type: WELL API Number: 045-11816 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 282708 Type: WELL API Number: 045-11815 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 282709 Type: WELL API Number: 045-11814 Status: TA Insp. Status: TA

Idle Well Purpose: [X] Shut In [] Temporarily Abandoned S/A/V: SATISFACTORY CA: 10/31/2014 MIT Form 21 doc # 2493658

Facility ID: 284454 Type: WELL API Number: 045-12181 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 Waste Material Onsite? Pass CM CA Unused or unneeded equipment onsite? Pass CM CA Pit, cellars, rat holes and other bores closed? CM CA

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

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 _____

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
		Check Dams	Pass			
Gravel	Pass					

Inspector Name: LONGWORTH, MIKE

Seeding	Pass				
		Culverts	Pass		
		Ditches	Pass		
		Gravel	Pass		
				MHSP	Pass
Compaction	Pass				

S/A/V: SATISFACTOR
Y
Corrective Date: _____

Comment: _____
CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Follow up to 4/10/15 inspection doc # 674701245. Corrective actions have been addressed.	longworm	08/26/2015