

**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:

12/08/2015

Document Number:

674702160

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	324100	324100	LONGWORTH, MIKE	<input type="checkbox"/>	

**Operator Information:**OGCC Operator Number: 66571Name of Operator: OXY USA WTP LPAddress: P O 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: NENE Sec: 8 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)
09/03/2013	663902108			SATISFACTORY	F		No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
257135	WELL	PR	10/04/2012	GW	045-07519	CASCADE CREEK 608-41	PR	<input checked="" type="checkbox"/>
301359	WELL	PR	10/29/2013	GW	045-18126	Cascade Creek 697-05-78B	TA	<input checked="" type="checkbox"/>
301360	WELL	PR	08/14/2011	GW	045-18127	Cascade Creek 697-08-06A	PR	<input checked="" type="checkbox"/>
301361	WELL	PR	11/10/2011	GW	045-18128	Cascade Creek 697-08-08B	PR	<input checked="" type="checkbox"/>
301362	WELL	PR	05/16/2013	GW	045-18129	Cascade Creek 697-08-16	PR	<input checked="" type="checkbox"/>
301363	WELL	PR	03/05/2013	GW	045-18130	Cascade Creek 697-08-14	PR	<input checked="" type="checkbox"/>
301364	WELL	PR	11/11/2013	GW	045-18131	Cascade Creek 697-08-08A	PR	<input checked="" type="checkbox"/>
301387	WELL	PR	11/11/2013	GW	045-18146	Cascade Creek 697-05-80A	PR	<input checked="" type="checkbox"/>
301388	WELL	PR	12/05/2011	GW	045-18147	Cascade Creek 697-08-23A	PR	<input checked="" type="checkbox"/>
301389	WELL	PR	09/28/2011	GW	045-18148	Cascade Creek 697-08-06B	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

301390	WELL	PR	05/18/2015	GW	045-18149	Cascade Creek 697-09-09	PR	X
301391	WELL	PR	10/07/2011	GW	045-18150	Cascade Creek 697-09-17B	PR	X
413183	WELL	PR	10/06/2011	GW	045-18730	Cascade Creek 697-09-17A	PR	X
413184	WELL	PR	10/14/2011	GW	045-18733	Cascade Creek 697-05-80B	PR	X
413185	WELL	PR	10/14/2011	GW	045-18732	Cascade Creek 697-05-72	PR	X
413186	WELL	PR	10/29/2012	GW	045-18731	Cascade Creek 697-05-78A	PR	X
419700	WELL	PR	10/29/2013	GW	045-20011	Cascade Creek 697-05-70	PR	X
419701	WELL	PR	11/05/2013	GW	045-20012	Cascade Creek 697-05-69	PR	X
419702	WELL	PR	05/17/2012	GW	045-20013	Cascade Creek 697-05-71	PR	X
419741	WELL	PR	06/21/2012	GW	045-20017	Cascade Creek 697-09-02B	PR	X
419764	WELL	PR	10/29/2014	GW	045-20020	Cascade Creek 697-09-19A	PR	X
419770	WELL	PR	03/18/2015	GW	045-20023	Cascade Creek 697-09-10B	PR	X
419772	WELL	PR	12/31/2013	GW	045-20024	Cascade Creek 697-09-10A	PR	X

**Equipment:**Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>23</u>	Production Pits: _____
Condensate Tanks: <u>1</u>	Water Tanks: <u>3</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>1</u>	Flare: _____	Fuel Tanks: _____

**Location****Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	ACTION REQUIRED	400 bbl tank in tank battery with no label.	Install sign to comply with rule 210.	01/09/2016
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			
WELLHEAD	ACTION REQUIRED	Two wells missing well signs. CC 697-05-78B and 697-09-10B	Install sign to comply with rule 210.	01/09/2016

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

Corrective Date: \_\_\_\_\_

Comment: 970-248-0497

Corrective Action: \_\_\_\_\_

<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	2 unused 500 bbl tanks on location.	Remove unused equipment.	01/09/2016

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date

☐ Multiple Spills and Releases?

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	17	SATISFACTORY			
Bird Protectors	15	SATISFACTORY			
Horizontal Heated Separator	20	SATISFACTORY			
Gas Meter Run	10	SATISFACTORY	Gas lift		
Horizontal Heated Separator	7	SATISFACTORY			
Ancillary equipment	8	SATISFACTORY	Chemical containers at wells.		

<b>Facilities:</b>					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	400 BBLS	HEATED STEEL AST	,	
S/A/V:	SATISFACTORY		Comment:		
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					

<b>Facilities:</b>					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
	1	400 BBLS	HEATED STEEL AST	,	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	

**Paint**

Condition	Adequate
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Other (Content) No label on tank \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

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

Corrective Action		Corrective Date	
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Comment	
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**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	400 BBLS	STEEL AST	,

S/A/V:	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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**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	
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Comment	
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**Venting:** \_\_\_\_\_

Yes/No \_\_\_\_\_ Comment \_\_\_\_\_

NO \_\_\_\_\_

**Flaring:** \_\_\_\_\_

Type \_\_\_\_\_ Satisfactory/Action Required \_\_\_\_\_ Comment \_\_\_\_\_ Corrective Action \_\_\_\_\_ CA Date \_\_\_\_\_

\_\_\_\_\_

**Predrill**

Location ID: 324100

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
OGLA	kubeczkod	Reserve pit must be lined. If the existing reserve/drilling or multi-well pit is not lined, then it must be lined in accordance with COGCC Rule 904 prior to being used.	08/30/2010

OGLA	kubeczkod	No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	08/30/2010
OGLA	kubeczkod	Operator must implement best management practices to contain any unintentional release of fluids.	08/30/2010
OGLA	kubeczkod	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	08/30/2010
OGLA	kubeczkod	Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	08/30/2010
OGLA	kubeczkod	Notice to Operators (NTO) Drilling Wells on the Roan Plateau in Garfield County: Comply with all provisions of the June 12, 2008 Notice to Operators (NTO) Drilling Wells Within ¼ Mile of the Rim of the Roan Plateau in Garfield County – Pit Design, Construction, and Monitoring Requirements. At a minimum, the following condition of approval (COA) will apply: COA 6 - All pits must be lined.	08/30/2010
OGLA	kubeczkod	The nearby hillside must be monitored for any day-lighting of drilling fluids throughout the drilling of the surface casing interval.	08/30/2010
OGLA	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	08/30/2010

**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:**

Inspector Name: LONGWORTH, MIKE

Landman Name: _____	Phone Number: _____
Date Onsite Request Received: _____	Date of Rule 306 Consultation: _____
Request LGD Attendance: _____	
<u>LGD Contact Information:</u>	
Name: _____	Phone Number: _____
Agreed to Attend: _____	
<u>Summary of Landowner Issues:</u>	
<u>Summary of Operator Response to Landowner Issues:</u>	
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>	

**Facility**

Facility ID: 257135 Type: WELL API Number: 045-07519 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301359 Type: WELL API Number: 045-18126 Status: PR Insp. Status: TA

**Idle Well**

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Form 21 doc 200405651 Test date 5/16/2014

Facility ID: 301360 Type: WELL API Number: 045-18127 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301361 Type: WELL API Number: 045-18128 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301362 Type: WELL API Number: 045-18129 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301363 Type: WELL API Number: 045-18130 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301364 Type: WELL API Number: 045-18131 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 301387 Type: WELL API Number: 045-18146 Status: PR Insp. Status: PR

**Producing Well**Comment: **Producing well**Facility ID: 301388 Type: WELL API Number: 045-18147 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301389 Type: WELL API Number: 045-18148 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301390 Type: WELL API Number: 045-18149 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301391 Type: WELL API Number: 045-18150 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 413183 Type: WELL API Number: 045-18730 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 413184 Type: WELL API Number: 045-18733 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 413185 Type: WELL API Number: 045-18732 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 413186 Type: WELL API Number: 045-18731 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 419700 Type: WELL API Number: 045-20011 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 419701 Type: WELL API Number: 045-20012 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 419702 Type: WELL API Number: 045-20013 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**

Inspector Name: LONGWORTH, MIKE

Facility ID: 419741 Type: WELL API Number: 045-20017 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 419764 Type: WELL API Number: 045-20020 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 419770 Type: WELL API Number: 045-20023 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 419772 Type: WELL API Number: 045-20024 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: RANGELAND

Comment:

1003a. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? Pass 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**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: RANGELAND \_\_\_\_\_

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 ☐

Inspector Name: LONGWORTH, MIKE

<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
				MHSP	Pass	
		Ditches	Pass			
		Check Dams	Pass			
		Culverts	Pass			
Gravel	Pass					
Berms	Pass					
Compaction	Pass					
S/A/V: SATISFACTOR                      Corrective Date: _____ Y _____						
Comment: _____						
CA: _____						
<b>Pits:</b> <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

#### **Attached Documents**

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
674702169	Missing signs and labels. Unused equipment	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3737635">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3737635</a>