

**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

Inspection Date:

07/15/2016

Document Number:

668004606

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | |
|---------------------|-------------|--------|-----------------|---|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> |
| | 211840 | 324500 | DURAN, JOHN | 2A Doc Num: _____ |

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 |
|------------------|---------------------------|-------------------------|---------------------|
| Giussani, Albert | 806-894-0200/806-638-1296 | albert_giussani@oxy.com | Engineering Advisor |

Compliance Summary:QtrQtr: NWSW Sec: 26 Twp: 27S Range: 70W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 05/27/2015 | 668003485 | PR | PR | SATISFACTORY | | | No |
| 01/15/2015 | 668003087 | PR | PR | SATISFACTORY | P | | No |
| 01/15/2015 | 668003132 | PR | PR | SATISFACTORY | P | | No |
| 06/26/2014 | 668002287 | PR | PR | SATISFACTORY | P | | No |
| 05/15/2014 | 668002158 | PR | PR | SATISFACTORY | P | | No |
| 06/28/2013 | 668001364 | PR | PR | SATISFACTORY | P | | No |
| 06/26/2012 | 668000314 | PR | PR | SATISFACTORY | | | No |
| 09/19/2011 | 200323054 | PR | PR | SATISFACTORY | | | No |
| 04/25/2011 | 200308946 | PR | PR | SATISFACTORY | | | No |
| 05/27/2010 | 200254463 | PR | PR | SATISFACTORY | | | No |
| 06/01/2009 | 200212361 | PR | PR | SATISFACTORY | | | No |
| 08/14/2008 | 200194244 | PR | PR | SATISFACTORY | | | No |
| 07/19/2007 | 200116080 | PR | PR | SATISFACTORY | | Pass | No |
| 07/11/2005 | 200078323 | PR | PR | SATISFACTORY | | Pass | No |
| 02/28/2002 | 200024532 | PR | PR | SATISFACTORY | | Pass | No |
| 08/31/1999 | 500143378 | PR | PR | | | Pass | No |
| 09/11/1996 | 500143377 | PR | PR | | | Pass | No |
| 04/17/1995 | 500143376 | PR | PR | | | | |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------------------|-------------|-------------------------------------|
| 211840 | WELL | PR | 08/28/1984 | GW | 055-06077 | SHEEP MOUNTAIN UNIT 4-26-E | 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 |
|------|---------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|---------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|---------------------------------|---------|-------------------|---------|
| | | | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
| | | | | |

☐ Multiple Spills and Releases?**Fencing:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|---------------------------------|---------|-------------------|---------|
| | | | | |

Equipment:

| | | |
|------------------------------|------------------------|--|
| Type: Ancillary equipment | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment | Wellhead and pipeline. | |
| Corrective Action | Date: | |

Venting:

| | |
|---------|--|
| Yes/No | |
| Comment | |

Flaring:

| | | |
|--------------------|------------------------------|----------------------|
| Type | Satisfactory/Action Required | |
| Comment: | | |
| Corrective Action: | | Correct Action Date: |

Predrill

Location ID: 211840

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

S/AR: _____

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

Form 2A COAs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

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: 211840 Type: WELL API Number: 055-06077 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Environmental**Spills/Releases:**

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

Inspector Name: DURAN, JOHN

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. Waste and Debris removed? _____

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 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 _____

Inspector Name: DURAN, JOHN

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | | | |

S/A/V: SATISFACTOR Corrective Date: _____

Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

| Comment | User | Date |
|--|--------|------------|
| The well is 100' E. of compressor station. | duranj | 07/18/2016 |