

**FORM
INSP**Rev
X/20**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:

09/20/2022

Submitted Date:

09/20/2022

Document Number:

695106749

FIELD INSPECTION FORMLoc ID 334553 Inspector Name: Beardslee, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 66561

Name of Operator: OXY USA INC

Address: PO BOX 173779

City: DENVER State: CO Zip: 80217-

Status Summary:☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**

2 Number of Comments

1 Number of Corrective Actions

☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

Contact Name	Phone	Email	Comment
Dittrich, Wade	575-390-2828	Wade_Dittrich@Oxy.com	
Maestas, Eric	575-420-7825	eric_maestas@oxy.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
211828	WELL	SI	12/01/2021	CO2	055-06065	SHEEP MOUNTAIN UNIT 3 -4-0	SI

General Comment:

LocationOverall Good: ☒

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	PHOTO 4: UNUSED EQUIPMENT (2" RISER).		
Corrective Action:	REMOVE UNUSED EQUIPMENT PER RULE 606.		Date: 10/20/2022

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment:

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

Yes/No			
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 211828 Type: WELL API Number: 055-06065 Status: SI Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned

Reminder: _____

Comment: WELL LAST PRODUCED NOV. 2021

Corrective Action: _____ Date: _____

BradenHeadDate of Last Brhd Test: 04/05/2022 Annual Brhd Completed? YesLast Brhd Test Results Initial Surf Csg Pressure: 1 Fluid Type: NONEEnd Surf Csg Pressure: 0

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PITType: Lined: NO Pit ID: 115230 Lat: 37.720241 Long: -105.222924Reference Point: Other: Length: Width: **Lining:**Liner Type: Liner Condition: Comment: Corrective Date: **Fencing:**Fencing Type: Fencing Condition: AdequateComment: Corrective Date: **Netting:**Netting Type: Netting Condition: Comment: Corrective Date: Anchor Trench Present: NO Oil Accumulation: NO 2+ feet Freeboard: YESComment: Corrective Date: **Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
695106750	INSP. PHOTOS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5865460