

**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 |
|----|----|----|----|

Inspection Date:

09/26/2013

Document Number:

668401705

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>294852</u> | <u>334519</u> | <u>BROWNING, CHUCK</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 66561 Name of Operator: OXY USA INC

Address: PO BOX 27757

City: HOUSTON State: TX Zip: 77227

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: SENE Sec: 20 Twp: 9S Range: 94W

Inspector Comment:

MIT to maintain TA status on 8 wells not completed (no perforations or tubing). Multi well pad with active UIC injection well (only completed well on pad).

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|--------------|--------|-------------|------------|-----------|------------------|-------------------------------------|
| 159379 | UIC DISPOSAL | AC | 03/01/2012 | | - | STITES 20-8A SWD | <input type="checkbox"/> |
| 291698 | WELL | DG | 05/26/2009 | GW | 077-09367 | STITES 21-5C | <input checked="" type="checkbox"/> |
| 291699 | WELL | WO | 08/04/2008 | GW | 077-09366 | STITES 21-5 | <input checked="" type="checkbox"/> |
| 291700 | WELL | WO | 07/04/2008 | GW | 077-09365 | STITES 21-5A | <input checked="" type="checkbox"/> |
| 291701 | WELL | DG | 06/25/2010 | GW | 077-09364 | STITES 21-5B | <input checked="" type="checkbox"/> |
| 294852 | WELL | WO | 12/31/2007 | GW | 077-09520 | STITES 20-7B | <input checked="" type="checkbox"/> |
| 294853 | WELL | WO | 03/14/2012 | GW | 077-09521 | STITES 20-7C | <input checked="" type="checkbox"/> |
| 294854 | WELL | AL | 12/07/2012 | LO | 077-09522 | Stites 20-7A | <input type="checkbox"/> |
| 294855 | WELL | PA | 10/30/2012 | LO | 077-09523 | STITES 20-1B | <input type="checkbox"/> |
| 294856 | WELL | PA | 10/30/2012 | LO | 077-09524 | STITES 21-4B | <input type="checkbox"/> |
| 294857 | WELL | PA | 10/30/2012 | LO | 077-09525 | STITES 21-4A | <input type="checkbox"/> |
| 294858 | WELL | PA | 10/30/2012 | LO | 077-09526 | STITES 21-4C | <input type="checkbox"/> |
| 294859 | WELL | PA | 10/30/2012 | LO | 077-09527 | STITES 20-1A | <input type="checkbox"/> |
| 298054 | WELL | AL | 06/28/2011 | LO | 077-09727 | STITES 20-1C | <input type="checkbox"/> |
| 298055 | WELL | PA | 10/30/2012 | LO | 077-09726 | STITES 20-1 | <input type="checkbox"/> |
| 298057 | WELL | IJ | 02/15/2012 | GW | 077-09725 | STITES 20-8A | <input type="checkbox"/> |
| 298058 | WELL | WO | 06/09/2008 | GW | 077-09724 | STITES 20-8B | <input checked="" type="checkbox"/> |
| 298059 | WELL | DG | 06/11/2008 | GW | 077-09723 | STITES 20-8C | <input checked="" type="checkbox"/> |
| 300757 | WELL | AL | 12/07/2012 | LO | 077-09921 | Stites 21-4 | <input type="checkbox"/> |
| 300758 | WELL | PA | 10/30/2012 | LO | 077-09922 | Stites 20-8 | <input type="checkbox"/> |

| | | | | | | | |
|--------|------|----|------------|----|-----------|-------------|--|
| 300759 | WELL | PA | 10/30/2012 | LO | 077-09923 | Stites 20-7 | |
|--------|------|----|------------|----|-----------|-------------|--|

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/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Main | Satisfactory | | | |
| Access | Satisfactory | | | |

Signs/Marker:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD | Satisfactory | | | |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

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

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------|-----------------------------|---------|-------------------|---------|
| LOCATION | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |

Venting:

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

Flaring:

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

Predrill

Location ID: 334519

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____**Date:** _____**Stormwater:**

Erosion BMPs

Present

Other BMPs

Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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: 291698 Type: WELL API Number: 077-09367 Status: DG Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 337 psi. Hold for 15 min. Final pressure 335 psi. -2 psi loss. OK
See Form 21 Doc#01171550

Facility ID: 291699 Type: WELL API Number: 077-09366 Status: WO Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 334 psi. Hold for 15 min. Final pressure 328 psi. -6 psi loss. OK
See Form 21 Doc#01171553

Facility ID: 291700 Type: WELL API Number: 077-09365 Status: WO Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 342 psi. Hold for 15 min. Final pressure 342 psi. -0 psi loss. OK
See Form 21 Doc#01171552

Facility ID: 291701 Type: WELL API Number: 077-09364 Status: DG Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 334 psi. Hold for 15 min. Final pressure 333 psi. -1 psi loss. OK
See Form 21 Doc#01171551

Facility ID: 294852 Type: WELL API Number: 077-09520 Status: WO Insp. Status: WO

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 300 psi. Hold for 15 min. Final pressure 300 psi. -0 psi loss. OK
See Form 21 Doc#01171546

Facility ID: 294853 Type: WELL API Number: 077-09521 Status: WO Insp. Status: WO

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 335 psi. Hold for 15 min. Final pressure 333 psi. -2 psi loss. OK
See Form 21 Doc#01171547

Facility ID: 298058 Type: WELL API Number: 077-09724 Status: WO Insp. Status: WO

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 336 psi. Hold for 15 min. Final pressure 339 psi. +3 psi gain. OK
See Form 21 Doc#01171549

Facility ID: 298059 Type: WELL API Number: 077-09723 Status: DG Insp. Status: WO

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: MIT to maintain TA status. Well not completed (no perforations or tubing).
Pressured casing to 335 psi. Hold for 15 min. Final pressure 333 psi. -2 psi loss. OK
See Form 21 Doc#01171548

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 _____ CA Date _____
 Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? Pass CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass 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? P

Comment: _____

Overall Interim Reclamation Pass

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 _____

Inspector Name: BROWNING, CHUCK

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence _____

Comment:

Corrective Action:

Date

Overall Final Reclamation

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 | MHSP | Pass | |

S/U/V: Satisfactory _____

Corrective Date: _____

Comment:

CA: