

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:
09/26/2013

Document Number:
668401705

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

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