

**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:

01/16/2014

Document Number:

668401898

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	298057	334519	BROWNING, CHUCK	<input type="checkbox"/> 2A Doc Num: _____

Operator Information:

OGCC Operator Number:

Name of Operator: OXY USA INCAddress: PO BOX 27757City: 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	970-263-3651	chris_clark@oxy.com	Field Regulatory Lead-Piceance
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:

QtrQtr:	<u>SENE</u>	Sec:	<u>20</u>	Twp:	<u>9S</u>	Range:	<u>94W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/08/2013	668400991	IJ	AC	Satisfactory	P		No
08/31/2012	668400668	IJ	AC	Satisfactory	P		No
07/12/2012	668400575	IJ	AC	Satisfactory	I		No
02/01/2012	659300135	WO	WO	Satisfactory	P		No

Inspector Comment:

UIC-RT. Csg 174 psi, Tbg 759 psi. OK

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159379	UIC DISPOSAL	AC	03/01/2012		-	STITES 20-8A SWD	AC	<input checked="" type="checkbox"/>
291698	WELL	DG	05/26/2009	GW	077-09367	STITES 21-5C	DG	<input type="checkbox"/>
291699	WELL	WO	08/04/2008	GW	077-09366	STITES 21-5	WO	<input type="checkbox"/>
291700	WELL	WO	07/04/2008	GW	077-09365	STITES 21-5A	WO	<input type="checkbox"/>
291701	WELL	DG	06/25/2010	GW	077-09364	STITES 21-5B	DG	<input type="checkbox"/>
294852	WELL	WO	12/31/2007	GW	077-09520	STITES 20-7B	WO	<input type="checkbox"/>
294853	WELL	WO	03/14/2012	GW	077-09521	STITES 20-7C	WO	<input type="checkbox"/>
294854	WELL	AL	12/07/2012	LO	077-09522	Stites 20-7A	AL	<input type="checkbox"/>
294855	WELL	PA	10/30/2012	LO	077-09523	STITES 20-1B	PA	<input type="checkbox"/>
294856	WELL	PA	10/30/2012	LO	077-09524	STITES 21-4B	PA	<input type="checkbox"/>
294857	WELL	PA	10/30/2012	LO	077-09525	STITES 21-4A	PA	<input type="checkbox"/>
294858	WELL	PA	10/30/2012	LO	077-09526	STITES 21-4C	PA	<input type="checkbox"/>

Inspector Name: BROWNING, CHUCK

294859	WELL	PA	10/30/2012	LO	077-09527	STITES 20-1A	PA	<input type="checkbox"/>
298054	WELL	AL	06/28/2011	LO	077-09727	STITES 20-1C	AL	<input type="checkbox"/>
298055	WELL	PA	10/30/2012	LO	077-09726	STITES 20-1	PA	<input type="checkbox"/>
298057	WELL	IJ	02/15/2012	GW	077-09725	STITES 20-8A	AC	<input checked="" type="checkbox"/>
298058	WELL	WO	06/09/2008	GW	077-09724	STITES 20-8B	WO	<input type="checkbox"/>
298059	WELL	DG	06/11/2008	GW	077-09723	STITES 20-8C	DG	<input type="checkbox"/>
300757	WELL	AL	12/07/2012	LO	077-09921	Stites 21-4	AL	<input type="checkbox"/>
300758	WELL	PA	10/30/2012	LO	077-09922	Stites 20-8	PA	<input type="checkbox"/>
300759	WELL	PA	10/30/2012	LO	077-09923	Stites 20-7	PA	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	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
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Venting:

Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 298057

Site Preparation:

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

S/U/V: _____

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

Form 2A COAs:**S/U/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/U/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:

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: 159379 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 822

UIC RoutineInj./Tube: Pressure or inches of Hg 759
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: _____

TC: Pressure or inches of Hg 174

Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC-RT. Csg 174 psi, Tbg 759 psi. OK

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 298057 Type: WELL API Number: 077-09725 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 759
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: WMFK

TC: Pressure or inches of Hg 174

Previous Test Pressure _____ Last MIT: 08/31/2012

Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC-RT. Csg 174 psi, Tbg 759 psi. OK

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

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 ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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? PassProduction 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 _____

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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	MHSP	Pass	

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT