

**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



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Inspection Date:

06/06/2012

Document Number:

667600394

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier: 251751 Facility ID: 336461 Loc ID: Tracking Type: Inspector Name: HICKEY, MIKE

Operator Information:OGCC Operator Number: 100185 Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 370 17TH ST STE 1700City: DENVERState: COZip: 80202-**Contact Information:**

Contact Name	Phone	Email	Comment
Berlin, John		john.berlin@encana.com	

Compliance Summary:QtrQtr: NWNW Sec: 23 Twp: 2N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/02/2006	200099444	PR	PR	S		P	N
11/16/1998	500179052	PR	PR			P	N
06/26/1998	500179051	PR	PR			P	N
05/06/1998	500179050	DG	DG			P	N
03/25/1998	500179049	DG	ND			P	N

Inspector Comment:

Routine inspection of API #05-123-19555, Elmquist #11-23 et al. Signage is required. Remove small quantity of oil stained soils at the wellhead.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
251751	WELL	PR	05/15/2008	GW	123-19555	ELMQUIST 11-23	X
300783	WELL	DG	02/07/2012	LO	123-29847	ELMQUIST 0-0-23	X

Equipment:Location Inventory

Special Purpose Pits: Drilling Pits: 1 Wells: 2 Production Pits:
 Condensate Tanks: Water Tanks: Separators: Electric Motors:
 Gas or Diesel Mortors: Cavity Pumps: LACT Unit: Pump Jacks:
 Electric Generators: Gas Pipeline: 1 Oil Pipeline: Water Pipeline:
 Gas Compressors: VOC Combustor: Oil Tanks: Dehydrator Units:
 Multi-Well Pits: Pigging Station: Flare: Fuel Tanks:

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Unsatisfactory		Install sign to comply with rule 210.b.	07/31/2012
WELLHEAD	Unsatisfactory		Install sign to comply with rule 210.b.	07/31/2012

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

Corrective Date: _____

Comment: _____

Corrective Action: Provide emergency contact information at the wellhead and at the battery.

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory		Control weeds at the wellhead.	07/31/2012

Spills:				
Type	Area	Volume	Corrective action	CA Date
Condensate	WELLHEAD	<= 5 bbls	Clean up oil stained soils at the wellhead.	07/31/2012

☐ Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Emission Control Device	2	Satisfactory			
Plunger Lift	2	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Bird Protectors	6	Satisfactory			

Inspector Name: HICKEY, MIKE

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE				,
S/U/V:			Comment:	Shared battery. See location #336106 for battery inspection.
Corrective Action:			Corrective Date:	
Paint				
Condition				
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action			Corrective Date	
Comment				
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 336461

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: 251751 Type: WELL API Number: 123-19555 Status: PR Insp. Status: PR

Producing Well**Comment:**

Facility ID: 300783 Type: WELL API Number: 123-29847 Status: DG Insp. Status: PR

Producing WellComment: **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: IRRIGATED

Comment:

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ 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 removed? _____ 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? _____

Inspector Name: HICKEY, MIKE

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 _____

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: IRRIGATED

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

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____