

FORM
INSPRev
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:

07/16/2012

Document Number:

667600564

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	420134	336439		HICKEY, MIKE

Operator Information:

OGCC Operator Number: 100185 Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: DENVER

State: CO

Zip: 80202-

Contact Information:

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

Compliance Summary:

QtrQtr: NENE Sec: 7 Twp: 2N Range: 67W

Inspector Comment:

New well inspection of API #05-123-32472, Wandell #8-4-4 et al multi-well location. Wellhead sign on the Wandell 6-0-7 is missing.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
240068	WELL	PR	02/01/2011	OG	123-07856	WANDELL 1	X
263724	WELL	PR	09/13/2003	OW	123-20947	WANDELL 31-7	X
264419	WELL	PR	09/18/2003	OG	123-21069	WANDELL 42-7	X
264420	WELL	PR	09/14/2003	OG	123-21070	WANDELL 41-7	X
420128	WELL	PR	07/08/2011	GW	123-32467	WANDELL 6-0-7	X
420130	WELL	PR	07/19/2011		123-32469	WANDEL 6-4-7	X
420132	WELL	PR	07/08/2011	GW	123-32471	WANDELL 8-2-7	X
420134	WELL	PR	07/08/2011	GW	123-32472	WANDELL 8-4-7	X

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: 8	Production Pits: _____
Condensate Tanks: _____	Water Tanks: 1	Separators: 3	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: 10	Oil Pipeline: 3	Water Pipeline: 1
Gas Compressors: _____	VOC Combustor: 1	Oil Tanks: 3	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Unsatisfactory	Wandell 6-0-7 wellhead sign is missing.	Install sign to comply with rule 210.b.	10/01/2012

Inspector Name: HICKEY, MIKE

TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Unsatisfactory		Verify signage at the battery.	10/01/2012

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
WELLHEAD	Satisfactory	X8		
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	8	Satisfactory			
Gas Meter Run	2	Satisfactory			
Emission Control Device	1	Satisfactory			
Bird Protectors	3	Satisfactory			
Horizontal Heated Separator	2	Satisfactory			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	300 BBLS	STEEL AST	40.157510,104.926480

S/U/V: Satisfactory Comment:

Corrective Action: Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action Corrective Date

Comment

Venting:

Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 336439

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: 240068 Type: WELL API Number: 123-07856 Status: PR Insp. Status: PR

Inspector Name: HICKEY, MIKE

Producing Well

Comment:

Facility ID: 263724 Type: WELL API Number: 123-20947 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 264419 Type: WELL API Number: 123-21069 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 264420 Type: WELL API Number: 123-21070 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420128 Type: WELL API Number: 123-32467 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420130 Type: WELL API Number: 123-32469 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420132 Type: WELL API Number: 123-32471 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 420134 Type: WELL API Number: 123-32472 Status: PR Insp. Status: PR

Producing Well

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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location:

Inspector Name: HICKEY, MIKE

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: COMMERCIAL

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? In

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation In

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: COMMERCIAL

Reminder: _____

Comment: _____

Inspector Name: HICKEY, MIKE

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: