

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:
08/07/2012

Document Number:
663800448

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>414784</u>	<u>414530</u>		

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
Friesen, Kathy	970-285-2665	cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr: NENW Sec: 31 Twp: 7S Range: 92W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
270993	WELL	PR	04/12/2004	OW	045-09811	SHIDELER 31-5A (C31E)	<input checked="" type="checkbox"/>
271009	WELL	PR	02/01/2011	OW	045-09821	SHIDELER 31-4A (C31E)	<input checked="" type="checkbox"/>
283577	WELL	AL	05/24/2011	LO	045-11956	SHIDELER 20-16D (C31E)	<input type="checkbox"/>
283591	WELL	AL	05/24/2011	LO	045-11954	SHIDELER 30-14C (C31E)	<input type="checkbox"/>
283592	WELL	AL	05/24/2011	LO	045-11955	SHIDELER 30-15C (C31E)	<input type="checkbox"/>
283593	WELL	AL	05/24/2011	LO	045-11953	SHIDELER 36-9C (C31E)	<input type="checkbox"/>
283594	WELL	AL	05/24/2011	LO	045-11952	SHIDELER 31-2 (C31E)	<input type="checkbox"/>
283595	WELL	AL	05/24/2011	LO	045-11951	SHIDELER 31-2A (C31E)	<input type="checkbox"/>
414515	WELL	PR	03/19/2011		045-18862	SHIDELER 25-16A (C31E)	<input checked="" type="checkbox"/>
414521	WELL	PR	02/07/2011		045-18864	SHIDELER 30-13A (C31E)	<input checked="" type="checkbox"/>
414534	WELL	PR	02/01/2011		045-18865	SHIDELER 31-6A (C31E)	<input checked="" type="checkbox"/>
414546	WELL	PR	02/01/2011		045-18866	SHIDELER 31-3C (C31E)	<input checked="" type="checkbox"/>
414733	WELL	PR	12/05/2010		045-18869	SHIDELER 31-4C (C31E)	<input checked="" type="checkbox"/>
414743	WELL	PR	11/15/2010		045-18874	SHIDELER 31-5B (C31E)	<input checked="" type="checkbox"/>
414745	WELL	PR	11/30/2010		045-18875	SHIDELER 31-3D (C31E)	<input checked="" type="checkbox"/>
414747	WELL	PR	02/01/2011		045-18876	SHIDELER 30-15D (C31E)	<input checked="" type="checkbox"/>
414766	WELL	PR	02/06/2011		045-18889	SHIDELER 30-14D (C31E)	<input checked="" type="checkbox"/>
414771	WELL	PR	03/11/2011		045-18894	SHIDELER 25-15A (C31E)	<input checked="" type="checkbox"/>
414784	WELL	PR	11/11/2010		045-18902	SHIDELER 25-15D (C31E)	<input checked="" type="checkbox"/>
414789	WELL	PR	04/13/2011		045-18905	SHIDELER 30-13C (C31E)	<input checked="" type="checkbox"/>
414790	WELL	PR	01/30/2011	LO	045-18906	SHIDELER 25-9C1	<input checked="" type="checkbox"/>

414997	WELL	PR	11/18/2010	045-18948	SHIDELER 36-9D (C31E)	<input checked="" type="checkbox"/>
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Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>14</u>	Production Pits: _____
Condensate Tanks: <u>6</u>	Water Tanks: _____	Separators: <u>14</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
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
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
CONTAINERS	Satisfactory			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____
 Comment: _____
 Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			

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			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	4	Satisfactory			
Plunger Lift	16	Satisfactory			
Horizontal Heated Separator	16	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	500 BBLS	STEEL AST	,
S/U/V:		Comment:		
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition				
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<u>Berms</u>				
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
Ignitor/Combustor	Satisfactory			

Predrill

Location ID: 414530

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: 270993 Type: WELL API Number: 045-09811 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 271009 Type: WELL API Number: 045-09821 Status: PR Insp. Status: PR

Producing Well									
Comment: <input type="text"/>									
Facility ID:	414515	Type:	WELL	API Number:	045-18862	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414521	Type:	WELL	API Number:	045-18864	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414534	Type:	WELL	API Number:	045-18865	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414546	Type:	WELL	API Number:	045-18866	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414733	Type:	WELL	API Number:	045-18869	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414743	Type:	WELL	API Number:	045-18874	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414745	Type:	WELL	API Number:	045-18875	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414747	Type:	WELL	API Number:	045-18876	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414766	Type:	WELL	API Number:	045-18889	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414771	Type:	WELL	API Number:	045-18894	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									
Facility ID:	414784	Type:	WELL	API Number:	045-18902	Status:	PR	Insp. Status:	PR
Producing Well									
Comment: <input type="text"/>									

Facility ID: 414789 Type: WELL API Number: 045-18905 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 414790 Type: WELL API Number: 045-18906 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 414997 Type: WELL API Number: 045-18948 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:

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: HAY MEADOW, IRRIGATED

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? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass
 1003c. Compacted areas have been cross ripped? Pass
 1003d. Drilling pit closed? Pass Subsidence over on drill pit? _____

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? _____ 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 In

1003 f. Weeds Noxious weeds? I

Comment: _____

Overall Interim Reclamation

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: HAY MEADOW, 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 Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Seeding	Pass					
Retention Ponds	Pass					

Inspector Name: LONGWORTH, MIKE

Berms	Pass	Ditches	Pass			
Ditches	Pass	Culverts	Pass			
Rip Rap	Pass					

S/U/V: Satisfactory Corrective Date: _____

Comment:

CA: