

**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>414784</u>	<u>414530</u>		<u>LONGWORTH, MIKE</u>

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
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

<u>Lease Road:</u>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

<u>Signs/Marker:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
CONTAINERS	Satisfactory			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

<u>Good Housekeeping:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			

<u>Spills:</u>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<u>Fencing/:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

<u>Equipment:</u>					
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"/>				

Inspector Name: LONGWORTH, MIKE

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: