

FORM
28
Rev 6/99

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



FOR OGCC USE ONLY

Rec. Nov 15, 2011

CENTRALIZED E&P WASTE MANAGEMENT FACILITY PERMIT

Submit this Form and accompanying documents for each facility per Rule 908. Financial Assurance in the amount of \$50,000 is required to operate each facility.

Surety ID: 20120072

OGCC Operator Number: 100185 Name of Operator: Encana Oil and Gas (USA), Inc. Address: 2717 County Road 215, Suite 100 City: Parachute State: CO Zip: 81635		Contact Name and Telephone: Brett Middleton No: 970-285-2739 Fax: 970-285-2705		Complete the Attachment Checklist <table border="1"> <thead> <tr> <th></th> <th>Operator</th> <th>OGCC</th> </tr> </thead> <tbody> <tr> <td>Site description (topo, geol, hydro)</td> <td>✓</td> <td></td> </tr> <tr> <td>Adjacent land use description</td> <td>✓</td> <td></td> </tr> <tr> <td>Topographic map</td> <td>✓</td> <td></td> </tr> <tr> <td>Site drainage map with structures</td> <td>✓</td> <td></td> </tr> <tr> <td>Scaled drawing and survey map</td> <td>✓</td> <td></td> </tr> <tr> <td>Facility design & engineering</td> <td>✓</td> <td></td> </tr> <tr> <td>Operating plan</td> <td>✓</td> <td></td> </tr> <tr> <td>Water analysis report</td> <td>✓</td> <td></td> </tr> <tr> <td>Financial assurance</td> <td>✓</td> <td></td> </tr> <tr> <td>Closure plan</td> <td>✓</td> <td></td> </tr> <tr> <td>Local gov't zoning compliance</td> <td>✓</td> <td></td> </tr> <tr> <td>Local gov't permits and notice</td> <td>✓</td> <td></td> </tr> </tbody> </table>		Operator	OGCC	Site description (topo, geol, hydro)	✓		Adjacent land use description	✓		Topographic map	✓		Site drainage map with structures	✓		Scaled drawing and survey map	✓		Facility design & engineering	✓		Operating plan	✓		Water analysis report	✓		Financial assurance	✓		Closure plan	✓		Local gov't zoning compliance	✓		Local gov't permits and notice	✓	
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Surface Owner (if different than above): Same Address: _____ City: _____ State: _____ Zip: _____ Phone: _____																																											
Facility Name: NPR Solidification Facility Address: Same City: _____ State: _____ Zip: _____ Phone: _____ Fax: _____		Location (CtrQtr, Sec, Twp, Rng, Mer): SE NW Sec 29, T5S, R95W 6thPM Latitude: 39.58713 Longitude: -108.07752																																									

1. Is the site in a sensitive area? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		2. What are the average annual precipitation and evaporation rates for the site? Precipitation: 14.34 inches/year Evaporation: 60 inches/year	
3. Has a description of the site's general topography, geology and hydrology been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
4. Has a description of the adjacent land use been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		5. Has a 1:24,000 topographic map showing the site location been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
6. Has a site plan showing drainage patterns, diversion or containment structures, roads, fencing, tanks, pits, buildings and any other pertinent construction details been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			
7. If site is not owned by the operator, is written authorization of the surface owner attached? <input type="checkbox"/> Y <input type="checkbox"/> N		8. Has a scaled drawing and survey showing the entire section(s) containing the proposed facility been attached? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
9. What measures have been implemented to limit access to the facility by wildlife, domestic animals or by members of the public? Briefly explain. See Attached Supplemental Information, site with controlled access through security gate and treatment units will be netted to prevent wildlife access.			
10. Is there a planned firelane of at least 10 feet in width around the active treatment areas and within the perimeter fence? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		11. Is there an additional buffer zone of at least 10 feet within the perimeter firelane? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
12. Have surface water diversion structures been constructed to accommodate a 100-year, 24-hour event? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		13. Has a waste profile been calculated according to Rule 908.b.6? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
14. Has facility design and engineering been provided as required by Rule 908.b.7? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		15. Has an operating plan been completed as required by Rule 908.b.8? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
16. Has ground water monitoring for the site been provided? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N ***Attach Water Analysis Report, Form 25, for each monitoring well installed.***			
17. Has financial assurance been provided as required by Rule 704? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		18. Has a closure plan been provided? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
19. Have local government requirements for zoning and construction been complied with? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		20. Have permits and notifications required by local governments and other agencies been provided? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	

Print Name: Brett Middleton

Signed: [Signature] Title: Environment Field coordinator Date: 11-3-11

OGCC Approved: [Signature] Title: Staff/EPSTU Date: 11/15/12

CONDITIONS OF APPROVAL, IF ANY:

Facility Number: 426582