

**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:

10/25/2012

Document Number:

667600920

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	414599	321535		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: NENE Sec: 23 Twp: 1N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/23/2011	658500024			S			N

**Inspector Comment:**

First time inspection of API #05-014-20679, Bury Crandell #32-23 et al multi-well location.

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
244612	WELL	PR	09/24/1997	OW	014-12407	BURY CRANDELL C UNIT 1	<input checked="" type="checkbox"/>
414599	WELL	PR	08/13/2012		014-20679	BURY CRANDELL 32-23	<input checked="" type="checkbox"/>
414629	WELL	PR	08/13/2012		014-20685	BURY CRANDELL 42-23	<input checked="" type="checkbox"/>
414706	WELL	PR	06/07/2012		014-20687	BURY CRANDELL 8-0-23	<input checked="" type="checkbox"/>
423153	WELL	PR	06/26/2012		014-20711	BURY CRANDELL 31-23	<input checked="" type="checkbox"/>
423158	WELL	PR	08/13/2012		014-20712	BURY CRANDELL 6-0-23	<input checked="" type="checkbox"/>
423160	WELL	PR	06/26/2012		014-20713	BURY CRANDELL 8-2-23	<input checked="" type="checkbox"/>
428841	WELL	PR	08/13/2012		014-20714	BURY CRANDELL 8-4-23	<input checked="" type="checkbox"/>

**Equipment:****Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: <u>4</u>	Water Tanks: <u>2</u>	Separators: <u>4</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>3</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location**

Inspector Name: HICKEY, MIKE

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

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory			
SEPARATOR	Satisfactory			
WELLHEAD	Satisfactory	Eight wellheads fenced together.		

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	8	Satisfactory			
Emission Control Device	2	Satisfactory			
Bird Protectors	6	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Gas Meter Run	1				

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,

S/U/V: Satisfactory Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

**Paint**

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) 230 Bbl.

Other (Type) \_\_\_\_\_

<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Inspector Name: HICKEY, MIKE

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	OTHER	STEEL AST	40.041230,104.964160	
S/U/V:	Satisfactory		Comment: _____		
Corrective Action: _____				Corrective Date: _____	
<b>Paint</b>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 330 Bbl. _____					
Other (Type) _____					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment _____					
<b>Venting:</b>					
Yes/No		Comment			
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

**Predrill**

Location ID: 321535

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
Agency	walkerv	Location is in a sensitive area because of proximity to surface water and wetlands; therefore, either a lined drilling pit or closed loop system is required.	11/23/2009
Agency	walkerv	ADDITIONAL FACILITIES MUST BE PLACE TO THE SOUTHEAST OF THE WELLS AWAY FROM THE WETLANDS TO THE NORTHWEST	11/23/2009
Agency	walkerv	Location is in a sensitive area because of close proximity to surface water, therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations.	10/29/2009

Inspector Name: HICKEY, MIKE

Agency	walkerv	10/29/2009
Operator must implement best management practices to contain any unintentional release of fluids.		

**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: 244612 Type: WELL API Number: 014-12407 Status: PR Insp. Status: PR

**Producing Well**

Comment: \_\_\_\_\_

Facility ID: 414599 Type: WELL API Number: 014-20679 Status: PR Insp. Status: PR

**Producing Well**

Comment: \_\_\_\_\_

Inspector Name: HICKEY, MIKE

Facility ID: 414629	Type: WELL	API Number: 014-20685	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <input style="width:90%" type="text"/>				

Facility ID: 414706	Type: WELL	API Number: 014-20687	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <input style="width:90%" type="text"/>				

Facility ID: 423153	Type: WELL	API Number: 014-20711	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <input style="width:90%" type="text"/>				

Facility ID: 423158	Type: WELL	API Number: 014-20712	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <input style="width:90%" type="text"/>				

Facility ID: 423160	Type: WELL	API Number: 014-20713	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <input style="width:90%" type="text"/>				

Facility ID: 428841	Type: WELL	API Number: 014-20714	Status: PR	Insp. Status: PR
<b>Producing Well</b>				
Comment: <input style="width:90%" type="text"/>				

<b>Environmental</b>
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**Spills/Releases:**

Type of Spill: <input style="width:20%" type="text"/>	Description: <input style="width:40%" type="text"/>	Estimated Spill Volume: <input style="width:20%" type="text"/>
Comment: <input style="width:90%" type="text"/>		
Corrective Action: <input style="width:70%" type="text"/>		Date: <input style="width:20%" type="text"/>
Reportable: <input style="width:20%" type="text"/>	GPS: Lat <input style="width:20%" type="text"/>	Long <input style="width:20%" type="text"/>
Proximity to Surface Water: <input style="width:20%" type="text"/>	Depth to Ground Water: <input style="width:20%" type="text"/>	

**Water Well:**

DWR Receipt Num: <input style="width:20%" type="text"/>	Owner Name: <input style="width:30%" type="text"/>	GPS : <input style="width:20%" type="text"/>	Lat <input style="width:10%" type="text"/>	Long <input style="width:10%" type="text"/>
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**Field Parameters:**

Sample Location: <input style="width:90%" type="text"/>
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Emission Control Burner (ECB): <input style="width:30%" type="text"/>
Comment: <input style="width:90%" type="text"/>
Pilot: <input style="width:10%" type="text"/> Wildlife Protection Devices (fired vessels): <input style="width:40%" type="text"/>

<b>Reclamation - Storm Water - Pit</b>
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**Interim Reclamation:**

Date Interim Reclamation Started: <input style="width:30%" type="text"/>	Date Interim Reclamation Completed: <input style="width:30%" type="text"/>
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Land Use:	DRY LAND, IRRIGATED		
Comment:	<div style="border: 1px solid black; height: 20px;"></div>		
1003a.	Debris removed?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Waste Material Onsite?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Unused or unneeded equipment onsite?	<u>Pass</u>	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?	<u>In</u>	Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped?	<u>In</u>	
1003d.	Drilling pit closed?	_____	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?		_____
	Production areas have been stabilized?	<u>Pass</u>	Segregated soils have been replaced? <u>In</u>
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
<u>Non-Cropland</u>			
	Top soil replaced <u>In</u>	Recontoured <u>In</u>	80% Revegetation <u>In</u>
1003 f.	Weeds Noxious weeds?	<u>I</u>	
Comment:	<div style="border: 1px solid black; padding: 2px;">Snow prevents adequate evaluation of reclamation progress.</div>		
Overall Interim Reclamation	<u>In Process</u>		

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: DRY LAND, 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 \_\_\_\_\_

Inspector Name: HICKEY, MIKE

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
		Gravel	Pass			

S/U/V: Satisfactory \_\_\_\_\_

Corrective Date: \_\_\_\_\_

Comment:

CA: