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|--|---|--|----|----|----|----|
| FORM INSP Rev 05/11 | State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small> |  | DE | ET | OE | ES |
|--|---|--|----|----|----|----|

FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|-----------------|---|-------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection <input type="checkbox"/> | 2A Doc Num: _____ |
| | 261629 | 334886 | BURGER, CRAIG | | |

Inspection Date:
04/04/2013

Document Number:
670200330

Overall Inspection:
Satisfactory

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 |
|----------------------|-------|------------------------------|---------------------|
| Kellerby, Shaun | | Shaun.Kellerby@state.co.us | NW Field Supervisor |
| Inspections, General | | cogcc.inspections@encana.com | |

Compliance Summary:

QtrQtr: SENE Sec: 19 Twp: 7S Range: 92W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 12/24/2003 | 200050832 | PR | PR | S | | P | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|-----------------------|---|
| 211534 | WELL | PR | 06/01/2002 | GW | 045-07294 | SHIDELER 19-8 | X |
| 261628 | WELL | PR | 04/29/2003 | GW | 045-07968 | SHIDELER 19-981 (H19) | X |
| 261629 | WELL | PR | 05/01/2003 | GW | 045-07969 | SHIDELER 19-7DI (H19) | X |
| 264086 | WELL | PR | 04/14/2003 | GW | 045-08174 | HMU 19-2D1 (H19) | X |
| 264087 | WELL | PR | 04/15/2003 | GW | 045-08175 | HMU 19-3DI (H19) | X |
| 264088 | WELL | PR | 05/01/2003 | GW | 045-08176 | HMU 19-1B1 (H19) | X |

Equipment: Location Inventory

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

Location

| Signs/Marker: | | | | |
|----------------------|-----------------------------|----------------------------|---|------------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | Satisfactory | | | |
| BATTERY | Satisfactory | | | |
| WELLHEAD | Unsatisfactory | signs need 1/4 1/4 section | Install sign to comply with rule 210.d. | 05/03/2013 |

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

Comment: _____

Corrective Action: _____

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

| Fencing/: | | | | |
|------------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| SEPARATOR | Satisfactory | | | |
| WELLHEAD | Satisfactory | | | |

| Equipment: | | | | | |
|-----------------------------|---|-----------------------------|-----------------------------------|-------------------------------|------------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Bird Protectors | 2 | Satisfactory | | | |
| Pig Station | 1 | Satisfactory | | | |
| Ancillary equipment | 2 | Satisfactory | descalers | | |
| Gathering Line | 1 | Satisfactory | | | |
| Vertical Heated Separator | 5 | Unsatisfactory | no secondary containment provided | provide secondary containment | 05/03/2013 |
| Plunger Lift | 5 | Satisfactory | | | |
| Deadman # & Marked | 8 | Satisfactory | | | |
| Gas Meter Run | 1 | Satisfactory | | | |
| Horizontal Heated Separator | 1 | Unsatisfactory | no secondary containment provided | provide secondary containment | 05/03/2013 |

| | | | | | |
|--------------------|--------------|-----------------------------------|----------------------------|------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| METHANOL | 1 | 1000 GAL | STEEL AST | | |
| S/U/V: | Satisfactory | Comment: | same berm as 300 bbl tanks | | |
| 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 | |
| | | | | | |
| Corrective Action | | | | Corrective Date | |
| Comment | | | | | |

| | | | | | |
|--------------------|--------------|-----------------------------------|---------------------|------------------------|--|
| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | | |
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 39.434520, -107.703410 | |
| 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 | | | | | |

| | | |
|-----------------|---------|--|
| Venting: | | |
| Yes/No | Comment | |
| NO | | |

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 334886

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: 211534 Type: WELL API Number: 045-07294 Status: PR Insp. Status: PR

Producing Well

Comment: no plunger lift

Facility ID: 261628 Type: WELL API Number: 045-07968 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 261629 Type: WELL API Number: 045-07969 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 264086 Type: WELL API Number: 045-08174 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 264087 Type: WELL API Number: 045-08175 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 264088 Type: WELL API Number: 045-08176 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): N

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

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? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

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? _____ 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 _____

1003 f. Weeds Noxious weeds? _____
 Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

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

Final Land Use: _____

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 |
| Compaction | Pass | Ditches | Pass | | | |
| Ditches | Pass | | | | | |
| Rip Rap | Pass | | | | | |
| Sediment Traps | Pass | Culverts | Fail | MHSP | Pass | |
| Sediment Traps | Pass | Rip Rap | Pass | | | |
| Tackifiers | Pass | | | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: The end of one culvert on the main access road is crushed. Some erosion rills present on cut slopes.

CA: