

**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:

04/19/2013

Document Number:

670200356

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	<u>285781</u>	<u>334666</u>	<u>BURGER, CRAIG</u>	<input type="checkbox"/> 2A Doc Num: _____

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

Compliance Summary:QtrQtr: SWSW Sec: 1 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)
02/28/2012	663800183	PR	PR	S			N
04/16/2009	200209266	BH	PR	S			N
08/22/2008	200194089	DG	WO	S			N
08/25/2007	200122347	PR	PR	S			N
01/22/2007	200106949	PR	SI	S	I	P	N
10/10/2006	200103320	DG	DG	S		P	N

Inspector Comment:

Unsatisfactory due to missing bird protector at one separator stack and condensate/parafin leaking at one plunger lift and at vent on one 500 bbl tank. One wheel valve needs to be packed.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
285781	WELL	PR	01/06/2007	GW	045-12515	JUNIPER 1-13A (M1E)	X
285875	WELL	PR	12/27/2006	GW	045-12582	JUNIPER 2-16A (M1E)	X
285876	WELL	PR	12/30/2006	GW	045-12581	JUNIPER 2-16 (M1E)	X
285877	WELL	PR	12/19/2006	GW	045-12580	JUNIPER 1-13 (M1E)	X
296480	WELL	PR	10/23/2008	GW	045-16049	JUNIPER 1-12A (M1E)	X
296481	WELL	PR	10/09/2008	GW	045-16050	JUNIPER 2-9(M1E)	X
296482	WELL	PR	10/19/2008	GW	045-16051	JUNIPER 1-12(M1E)	X
296483	WELL	PR	10/21/2008	GW	045-16052	JUNIPER 12-4A(M1E)	X
296484	WELL	PR	10/30/2008	GW	045-16053	JUNIPER 11-1A (M1E)	X
296609	WELL	PR	10/19/2008	GW	045-16088	JUNIPER 2-9A (M1E)	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
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

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
Gathering Line	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Deadman # & Marked	3	Satisfactory	some knocked down		
Ancillary equipment	1	Satisfactory	descaler unit		
Plunger Lift	10	Unsatisfactory	Plunger lift at 1-13A well is leaking condensate and/or parafin.	Comply with rule 604.d	05/17/2013
Emission Control Device	1	Satisfactory			
Bird Protectors	11	Unsatisfactory	bird protector at one separator stack is missing	Provide bird protector	05/03/2013
Horizontal Heated Separator	12	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: same berm as 500bbl 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	HEATED STEEL AST	39.472010,-107.622520	
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 Sufficent	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Inspector Name: BURGER, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	500 BBLS	HEATED STEEL AST	39.472100,-107.622540	
S/U/V:	Unsatisfactory		Comment: Parafin build up on valve at top of one tank indicates a leak.		
Corrective Action:		Comply with rule 604.d			Corrective Date: 05/17/2013
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
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	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 334666

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: 285781 Type: WELL API Number: 045-12515 Status: PR Insp. Status: PR

Producing Well

Comment: condensate and/or parafin leaking from plunger lift

Facility ID: 285875 Type: WELL API Number: 045-12582 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 285876 Type: WELL API Number: 045-12581 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 285877 Type: WELL API Number: 045-12580 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 296480 Type: WELL API Number: 045-16049 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 296481 Type: WELL API Number: 045-16050 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 296482 Type: WELL API Number: 045-16051 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 296483 Type: WELL API Number: 045-16052 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 296484 Type: WELL API Number: 045-16053 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 296609 Type: WELL API Number: 045-16088 Status: PR Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: S/V: Satisfactory CA Date: CA: 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:

Lat

Long

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): Y _____

Comment: _____

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

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? _____ CM _____
 CA _____ CA Date _____

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

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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 REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Inspector Name: BURGER, CRAIG

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
Ditches	Pass	Culverts	Pass			
Slope Roughening	Pass	Compaction	Pass			
Sediment Traps	Pass	Ditches	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____