

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
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FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
	283595	414530	BURGER, CRAIG		

Inspection Date:
04/25/2013

Document Number:
670200376

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: NENW Sec: 31 Twp: 7S Range: 92W

Inspector Comment:

No sign of abandoned locations API#'s 045-11951, 11952, 11953, 11954, 11955, and 11956 on pad.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
270993	WELL	PR	04/12/2004	GW	045-09811	SHIDELER 31-5A (C31E)	<input type="checkbox"/>
271009	WELL	PR	02/01/2011	GW	045-09821	SHIDELER 31-4A (C31E)	<input type="checkbox"/>
283577	WELL	AL	05/24/2011	LO	045-11956	SHIDELER 20-16D (C31E)	<input checked="" type="checkbox"/>
283591	WELL	AL	05/24/2011	LO	045-11954	SHIDELER 30-14C (C31E)	<input checked="" type="checkbox"/>
283592	WELL	AL	05/24/2011	LO	045-11955	SHIDELER 30-15C (C31E)	<input checked="" type="checkbox"/>
283593	WELL	AL	05/24/2011	LO	045-11953	SHIDELER 36-9C (C31E)	<input checked="" type="checkbox"/>
283594	WELL	AL	05/24/2011	LO	045-11952	SHIDELER 31-2 (C31E)	<input checked="" type="checkbox"/>
283595	WELL	AL	05/24/2011	LO	045-11951	SHIDELER 31-2A (C31E)	<input checked="" type="checkbox"/>
414515	WELL	PR	03/19/2011	GW	045-18862	SHIDELER 25-16A (C31E)	<input type="checkbox"/>
414521	WELL	PR	02/07/2011	GW	045-18864	SHIDELER 30-13A (C31E)	<input type="checkbox"/>
414534	WELL	PR	02/01/2011	GW	045-18865	SHIDELER 31-6A (C31E)	<input type="checkbox"/>
414546	WELL	PR	02/01/2011	GW	045-18866	SHIDELER 31-3C (C31E)	<input type="checkbox"/>
414733	WELL	PR	12/05/2010	GW	045-18869	SHIDELER 31-4C (C31E)	<input type="checkbox"/>
414743	WELL	PR	11/15/2010	GW	045-18874	SHIDELER 31-5B (C31E)	<input type="checkbox"/>
414745	WELL	PR	11/30/2010	GW	045-18875	SHIDELER 31-3D (C31E)	<input type="checkbox"/>
414747	WELL	PR	02/01/2011	GW	045-18876	SHIDELER 30-15D (C31E)	<input type="checkbox"/>
414766	WELL	PR	02/06/2011	GW	045-18889	SHIDELER 30-14D (C31E)	<input type="checkbox"/>
414771	WELL	PR	03/11/2011	GW	045-18894	SHIDELER 25-15A (C31E)	<input type="checkbox"/>
414784	WELL	PR	11/11/2010	GW	045-18902	SHIDELER 25-15D (C31E)	<input type="checkbox"/>
414789	WELL	PR	04/13/2011	GW	045-18905	SHIDELER 30-13C (C31E)	<input type="checkbox"/>

414790	WELL	PR	01/30/2011	LO	045-18906	SHIDELER 25-9C1	
414997	WELL	PR	11/18/2010	GW	045-18948	SHIDELER 36-9D (C31E)	

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 Mortors: _____	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

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

Comment: _____

Corrective Action: _____

Spills:

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

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

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: 283577 Type: WELL API Number: 045-11956 Status: AL Insp. Status: AL

Facility ID: 283591 Type: WELL API Number: 045-11954 Status: AL Insp. Status: AL

Facility ID: 283592 Type: WELL API Number: 045-11955 Status: AL Insp. Status: AL

Facility ID: 283593	Type: WELL	API Number: 045-11953	Status: AL	Insp. Status: AL
Facility ID: 283594	Type: WELL	API Number: 045-11952	Status: AL	Insp. Status: AL
Facility ID: 283595	Type: WELL	API Number: 045-11951	Status: AL	Insp. Status: AL

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? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ 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? _____ 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: 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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____