

**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



DE	ET	OE	ES
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Inspection Date:

05/13/2013

Document Number:

670200443

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	267801	334939	BURGER, CRAIG	<input type="checkbox"/>	

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

Compliance Summary:QtrQtr: SWSE 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)
04/20/2010	200285986	PR	AL	S			N
07/23/2004	200062605	PR	PR	S		P	N

Inspector Comment:

Facilities for location 416887 are also on this pad. COGCC database contains a duplicate location (#311720) that contains some of these wells and producing well API#045-15707 and AL wells 045-15706 and 15530.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
267801	WELL	PR	04/21/2003	GW	045-09215	TWIN CREEK 1-15B (01E)	<input checked="" type="checkbox"/>
294606	WELL	AL	11/21/2008	LO	045-15527	TWIN CREEK 1-15 (01E)	<input type="checkbox"/>
294607	WELL	AL	11/21/2008	LO	045-15528	TWIN CREEK 12-2A (01E)	<input type="checkbox"/>
294608	WELL	AL	11/21/2008	LO	045-15529	TWIN CREEK 1-15A (01E)	<input type="checkbox"/>
299473	WELL	PR	08/11/2009	GW	045-17681	TWIN CREEK 1-14B1 (01E)	<input checked="" type="checkbox"/>
299474	WELL	PR	08/06/2009	GW	045-17682	TWIN CREEK 1-14B2(01E)	<input checked="" type="checkbox"/>
299475	WELL	PR	07/30/2009	GW	045-17683	TWIN CREEK 1-11B2 (01E)	<input checked="" type="checkbox"/>
299476	WELL	PR	08/10/2009	GW	045-17684	TWIN CREEK 1-14A1(01E)	<input checked="" type="checkbox"/>
299477	WELL	PR	08/07/2009	GW	045-17685	TWIN CREEK 12-3A1(01E)	<input checked="" type="checkbox"/>
299478	WELL	PR	08/05/2009	GW	045-17686	TWIN CREEK 1-11A2(01E)	<input checked="" type="checkbox"/>
299479	WELL	PR	08/02/2009	GW	045-17687	TWIN CREEK 1-14A2 (01E)	<input checked="" type="checkbox"/>

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
BATTERY	Satisfactory			
WELLHEAD	Unsatisfactory	Signs need 1/4 1/4 section.	Install sign to comply with rule 210.d.	06/07/2013
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	barbed wire		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Heated Separator	8	Unsatisfactory	No containment provided.	Provide containment.	06/07/2013
Pig Station	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Ancillary equipment	3	Satisfactory	descaler units		
Gas Meter Run	2	Satisfactory			
Bird Protectors	15	Satisfactory			
Vertical Heated Separator	15	Unsatisfactory	Stained soil at west unit. No containment provided.	Provide containment and clean up stained soil.	06/07/2013
Gathering Line	1	Satisfactory			
Horizontal Heater Treater	2	Satisfactory	with pumps, containment provided		

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	2	<50 BBLS	STEEL AST	39.472170,-107.613580	
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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	2	<50 BBLS	STEEL AST	,	
S/U/V:	Satisfactory		Comment: same berm as heated 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					

Inspector Name: BURGER, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	200 BBLS	STEEL AST	39.472130,-107.613710	
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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	6	500 BBLS	HEATED STEEL AST	39.469390,-107.691670	
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	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 334939

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: 267801 Type: WELL API Number: 045-09215 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 299473 Type: WELL API Number: 045-17681 Status: PR Insp. Status: PR

Inspector Name: BURGER, CRAIG

Producing Well

Comment:

Facility ID: 299474 Type: WELL API Number: 045-17682 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 299475 Type: WELL API Number: 045-17683 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 299476 Type: WELL API Number: 045-17684 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 299477 Type: WELL API Number: 045-17685 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 299478 Type: WELL API Number: 045-17686 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 299479 Type: WELL API Number: 045-17687 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): Y _____

Comment: _____

Pilot: ON 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? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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? Pass 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? PComment: Some weeds in reclaim areas.

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 _____

Inspector Name: BURGER, CRAIG

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
Check Dams	Pass					
Slope Roughening	Pass	Ditches	Pass			
Tackifiers	Pass	Culverts	Pass			
Sediment Traps	Pass	Waddles	Pass			
Ditches	Pass	Sediment Traps	Pass			
Waddles	Pass					
Blankets	Pass					

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

Comment: _____

CA: _____