

**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:

06/14/2013

Document Number:

670200572

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>302070</u>	<u>383338</u>	<u>BURGER, CRAIG</u>	<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	

Compliance Summary:QtrQtr: NWSW Sec: 26 Twp: 6S Range: 93W**Inspector Comment:**

No tank battery on this location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
302066	WELL	PR	12/06/2011	GW	045-18355	GMU 26-12A2 (L26NW)	<input checked="" type="checkbox"/>
302067	WELL	PR	04/12/2011	GW	045-18356	GMU 27-9A (L26NW)	<input checked="" type="checkbox"/>
302068	WELL	PR	02/01/2011	GW	045-18357	GMU FEE 27-10D2 (L26NW)	<input checked="" type="checkbox"/>
302069	WELL	PR	05/09/2011	GW	045-18358	GMU 27-9D1 (L26NW)	<input checked="" type="checkbox"/>
302070	WELL	PR	02/01/2011	GW	045-18359	GMU 27-9C (L26NW)	<input checked="" type="checkbox"/>
302071	WELL	PR	02/01/2011	GW	045-18360	GMU 27-9D2 (L26NW)	<input checked="" type="checkbox"/>
302072	WELL	PR	09/10/2010	GW	045-18361	GMU FEE 27-16A (L26NW)	<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
WELLHEAD	Unsatisfactory	Signs need 1/4 1/4 section.	Install signs to comply with rule 210.d.	07/15/2013

Inspector Name: BURGER, CRAIG

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

Spills:				
Type	Area	Volume	Corrective action	CA Date
Other	Separator	<= 5 bbls	Stained soil at separator scrubber pot blowouts.Clean up stained soil.	06/28/2013

☐ 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
Gathering Line	1	Satisfactory			
Plunger Lift	7	Satisfactory			
Pig Station	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Bird Protectors	2	Satisfactory			
Vertical Heated Separator	7	Unsatisfactory	No containment provided. Stained soil at scrubber pot blowouts.	Prevent blow out of scrubber pots onto ground.	06/28/2013

Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 383338

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: 302066 Type: WELL API Number: 045-18355 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 302067 Type: WELL API Number: 045-18356 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 302068 Type: WELL API Number: 045-18357 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 302069 Type: WELL API Number: 045-18358 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 302070 Type: WELL API Number: 045-18359 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 302071 Type: WELL API Number: 045-18360 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 302072 Type: WELL API Number: 045-18361 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:

Lat _____ Long _____

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

Field Parameters:Sample Location:

Emission Control Burner (ECB): _____

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? _____ CM _____
 CA _____ CA Date _____

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

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? Pass

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? P

Comment: _____

Overall Interim Reclamation Pass

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 _____

Inspector Name: BURGER, CRAIG

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
Berms	Pass	Rip Rap	Pass			
Ditches	Pass	Blankets	Fail			
Retention Ponds	Pass	Berms	Pass			
Gravel	Pass	Sediment Traps	Pass			
Blankets	Pass	Ditches	Pass			
Slope Roughening	Pass	Waddles	Pass			
Seeding	Pass	Culverts	Pass			

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

Comment: Blankets at some culvert inlets on access road need maintenance.

CA: _____