

**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 |
|----|----|----|----|
|----|----|----|----|

Inspection Date:

09/12/2013

Document Number:

668300796

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                  |                                            |
|---------------------|-------------|--------|------------------|--------------------------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection                         |
|                     | 244902      | 323195 | JOHNSON, RANDELL | <input type="checkbox"/> 2A Doc Num: _____ |

**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                           |
|-------------------|-----------------------------------|--------------------------------|-----------------------------------|
| Walter, Judith    |                                   | judith.walter@encana.com       | Regulatory                        |
| Harrison, Matthew | O:720-876-3204,<br>C:303-229-4195 | cogcc.djinspections@encana.com | DJ Basin EHS On-Call:303-489-0238 |

**Compliance Summary:**

|              |           |            |             |                              |            |                |                 |
|--------------|-----------|------------|-------------|------------------------------|------------|----------------|-----------------|
| QtrQtr: NWSE |           | Sec: 24    | Twp: 2N     |                              | Range: 65W |                |                 |
| Insp. Date   | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I   | Pas/Fail (P/F) | Violation (Y/N) |
| 07/15/2010   | 200270983 | PR         | PR          | U                            |            |                | Y               |
| 11/04/2003   | 200046180 | PR         | PR          | S                            |            | P              | N               |
| 04/01/2003   | 200037023 | PR         | PR          | S                            |            | P              | N               |
| 05/05/2000   | 200007041 | PR         | PR          | S                            |            | P              | N               |
| 06/06/1998   | 500168990 | PR         | PR          |                              |            | P              | N               |
| 02/08/1995   | 500168989 | PR         | PR          |                              |            | P              | N               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 244902      | WELL | PR     | 04/19/1995  | GW         | 123-12697 | ANNIS 1       | <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**

| <b>Signs/Marker:</b> |                             |                                                                |                                         |            |
|----------------------|-----------------------------|----------------------------------------------------------------|-----------------------------------------|------------|
| Type                 | Satisfactory/Unsatisfactory | Comment                                                        | Corrective Action                       | CA Date    |
| BATTERY              | Satisfactory                |                                                                |                                         |            |
| TANK LABELS/PLACARDS | Unsatisfactory              | Produced water tank does not have the required NFPA placarding | Install sign to comply with rule 210.d. | 10/12/2013 |
| WELLHEAD             | Satisfactory                |                                                                |                                         |            |

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

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

| <b>Fencing/:</b> |                             |                    |                   |         |
|------------------|-----------------------------|--------------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment            | Corrective Action | CA Date |
| TANK BATTERY     | Satisfactory                | Chain link fencing |                   |         |
| WELLHEAD         | Satisfactory                | Pipe fencing       |                   |         |
| SEPARATOR        | Satisfactory                | Chain link fencing |                   |         |

| <b>Equipment:</b>           |   |                             |                                                                              |                   |         |
|-----------------------------|---|-----------------------------|------------------------------------------------------------------------------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment                                                                      | Corrective Action | CA Date |
| Gas Meter Run               | 1 | Satisfactory                | SE corner of fence around separator, meter run and ECD 40.12097, - 104.60827 |                   |         |
| Horizontal Heated Separator | 1 | Satisfactory                | SE corner of fence around separator, meter run and ECD 40.12097, - 104.60827 |                   |         |
| Emission Control Device     | 1 | Satisfactory                | SE corner of fence around separator, meter run and ECD 40.12097, - 104.60827 |                   |         |
| Bird Protectors             | 2 | Satisfactory                | Heated separator and ECD                                                     |                   |         |
| Plunger Lift                | 1 | Satisfactory                | SE corner of fence around wellhead 40.12125, - 104.60841                     |                   |         |

|                        |              |                                   |                     |                                                    |  |
|------------------------|--------------|-----------------------------------|---------------------|----------------------------------------------------|--|
| <b>Facilities:</b>     |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____                                     |  |
| Contents               | #            | Capacity                          | Type                | SE GPS                                             |  |
|                        |              |                                   | CENTRALIZED BATTERY | 40.121070,-104.608000                              |  |
| S/U/V:                 |              |                                   | Comment:            | Centralized battery services Annis 1, 34-24, 44-24 |  |
| Corrective Action:     |              |                                   |                     | Corrective Date:                                   |  |
| <u>Paint</u>           |              |                                   |                     |                                                    |  |
| Condition              |              |                                   |                     |                                                    |  |
| 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                |              |                                   |                     |                                                    |  |
| <b>Facilities:</b>     |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____                                     |  |
| Contents               | #            | Capacity                          | Type                | SE GPS                                             |  |
| CONDENSATE             | 1            | 200 BBLS                          | STEEL AST           | 40.121070,-104.608000                              |  |
| 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                |              |                                   |                     |                                                    |  |

|                        |                             |                                   |                     |                       |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS                |  |
| PRODUCED WATER         | 1                           | OTHER                             | PBV FIBERGLASS      | 40.121070,-104.608000 |  |
| S/U/V:                 |                             |                                   | Comment:            | 150 bbls              |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:      |  |
| <b>Paint</b>           |                             |                                   |                     |                       |  |
| Condition              | Adequate                    |                                   |                     |                       |  |
| Other (Content) _____  |                             |                                   |                     |                       |  |
| Other (Capacity) _____ |                             |                                   |                     |                       |  |
| Other (Type) _____     |                             |                                   |                     |                       |  |
| <b>Berms</b>           |                             |                                   |                     |                       |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Metal                  | Adequate                    | Walls Sufficient                  | Base Sufficient     | Adequate              |  |
| Corrective Action      |                             |                                   |                     | Corrective Date       |  |
| Comment                |                             |                                   |                     |                       |  |
| <b>Venting:</b>        |                             |                                   |                     |                       |  |
| Yes/No                 |                             | Comment                           |                     |                       |  |
| NO                     |                             |                                   |                     |                       |  |
| <b>Flaring:</b>        |                             |                                   |                     |                       |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date               |  |
|                        |                             |                                   |                     |                       |  |

**Predrill**

Location ID: 323195

**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: 244902 Type: WELL API Number: 123-12697 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In☐ Temporarily Abandoned

Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_

CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Producing intermittently

**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): \_\_\_\_\_

**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? Fail CM \_\_\_\_\_

CA Mark deadmen CA Date 10/12/2013

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

Inspector Name: JOHNSON, RANDELL

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? 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 \_\_\_\_\_

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            | Compaction              | Pass                  |               |                          |            |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |            |
| Other            | Pass            | Other                   | Pass                  |               |                          | Vegetation |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_