

**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:

11/13/2013

Document Number:

673900004

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	336332	336332	Rains, Bill	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 370 17TH ST STE 1700City: DENVER State: CO Zip: 80202-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☒ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Berlin, John		john.berlin@encana.com	

Compliance Summary:QtrQtr: NWSE Sec: 34 Twp: 2N Range: 68W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
241315	WELL	SI	03/16/2009	OW	123-09104	PURITAN 4	SI
271955	WELL	PR	04/04/2006	GW	123-22147	PURITAN 33-34	PR
417791	WELL	PR	12/14/2011	GW	123-31747	PURITAN 4-6-34	PR
417793	WELL	PR	12/14/2011	GW	123-31748	PURITAN 4-4-34	PR
422846	WELL	PR	12/14/2011	GW	123-33409	PURITAN 6-4-34	PR

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>5</u>	Production Pits: _____
Condensate Tanks: <u>3</u>	Water Tanks: <u>1</u>	Separators: <u>2</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: <u>1</u>
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>4</u>	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	Temp. Tank needs labels	Install sign to comply with rule 210.	12/13/2013

Inspector Name: Rains, Bill

TANK LABELS/PLACARDS	Satisfactory	Production Equipment adequate		
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Unsatisfactory	4 jersey barriers North end of pumping unit	Needs removed	12/13/2013

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK BATTERY	Satisfactory	In iron fencing		
WELLHEAD	Satisfactory	the 4-4,6-4,4-6 in iron fencing. 33-34 in chain link fencing		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	2	Satisfactory			
Gas Meter Run	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Bird Protectors	3	Satisfactory			

Inspector Name: Rains, Bill

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	200 BBLS	FIBERGLASS AST		
S/U/V:			Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition					
Other (Content) _____					
Other (Capacity) 330 bbls condensate tanks					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Insufficient	Base Insufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	OTHER	STEEL AST	40.092740, -104.987690	
S/U/V:	Unsatisfactory		Comment:	areas of subsidence inside and outside for berms. along production lines	
Corrective Action: Repair				Corrective Date: 12/13/2013	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 330 bbls tanks					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
<u>Venting:</u>					
Yes/No		Comment			
NO					
<u>Flaring:</u>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Inspector Name: Rains, Bill

Predrill

Location ID: 336332

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/U/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/U/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

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: 271955 Type: WELL API Number: 123-22147 Status: PR Insp. Status: PR

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: TANK BATTERY CONNECTED

S/V: Satisfactory CA Date: _____

CA: Shut in but will go to loc. #336413

Comment: _____

Facility ID: 417791 Type: WELL API Number: 123-31747 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Inspector Name: Rains, Bill

Facility ID: 417793 Type: WELL API Number: 123-31748 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 422846 Type: WELL API Number: 123-33409 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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: DRY LAND

Comment: Site not stabilized no gravel tracking offsite

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 REVEGETATIONCropland

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 _____

Fail

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RESIDENTIAL _____

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 _____

Well Release on Active Location ☐Multi-Well Location ☐**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Fail					

S/U/V: _____ Corrective Date: _____

Comment: East side of Loc. is disturbed and rutted. sediments are leaving loc. on west and south.

CA: Install BMPs to control erosion on and off loc.

Pits: ☐ NO SURFACE INDICATION OF PIT

COGCC Comments		
Comment	User	Date
Loc. has subsidence issues at tank battery and site not stabilized and needs stormwater BMPs.	rainsb	11/13/2013