

**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:

12/30/2013

Document Number:

670201095

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	271101	335326	BURGER, CRAIG	<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
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	
Inspections, General		cogcc.inspections@encana.com	
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:QtrQtr: NWNW Sec: 27 Twp: 6S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/16/2010	200268591	PR	PR	Unsatisfactory			Yes
01/27/2005	200067769	PR	PR	Satisfactory		Pass	No

Inspector Comment:Added producing well API#045-06902 to this location.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211143	WELL	PR		GW	045-06902	GRASS MESA RANCH 27-4	PR	<input checked="" type="checkbox"/>
271097	WELL	SI	04/20/2010	GW	045-09842	GMR 27-4D (D27NW)	SI	<input checked="" type="checkbox"/>
271098	WELL	PR	09/17/2004	GW	045-09841	GMR 27-4A(D27NW)	PR	<input checked="" type="checkbox"/>
271101	WELL	PR	09/12/2004	GW	045-09838	GMR 28-2A (D27NW)	PR	<input checked="" type="checkbox"/>
271102	WELL	PR	09/10/2004	GW	045-09837	GMR 28-1A (D27NW)	PR	<input checked="" type="checkbox"/>
271414	WELL	PR	09/26/2004	GW	045-09836	GMR 28-1D(D27NW)	PR	<input checked="" type="checkbox"/>
271987	WELL	PR	09/14/2004	GW	045-09997	GMR 28-2D (D27NW)	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: BURGER, CRAIG

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	Satisfactory	Signs need 1/4 1/4 section. See compliance schedule COGCC document number #2369022.		
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> 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
Plunger Lift	7	Satisfactory			
Horizontal Heated Separator	2	Satisfactory			
Vertical Heated Separator	5	Satisfactory			
Ancillary equipment	2	Satisfactory	muffler unit and descaler unit		
Bird Protectors	5	Satisfactory			
Deadman # & Marked	11	Satisfactory			
Emission Control Device	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment: same berm as 500 bbl tanks		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment: same berm as 500 bbl tanks		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Inspector Name: BURGER, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	500 BBLS	STEEL AST	39.501740,-107.770410	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
Berms					
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: 271101

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: 211143 Type: WELL API Number: 045-06902 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 271097 Type: WELL API Number: 045-09842 Status: SI Insp. Status: SI

Idle WellPurpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: MIT performed Oct 2013.

Inspector Name: BURGER, CRAIG

Facility ID: 271098 Type: WELL API Number: 045-09841 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 271101 Type: WELL API Number: 045-09838 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 271102 Type: WELL API Number: 045-09837 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 271414 Type: WELL API Number: 045-09836 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 271987 Type: WELL API Number: 045-09997 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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: Snow cover limited inspection.

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? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Pass CM _____
 CA _____ CA Date _____

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

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: _____

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 _____

Inspector Name: BURGER, CRAIG

Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>
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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass			
		Culverts	Pass			

S/U/V: _____ Corrective Date: _____

Comment: Snow cover limited inspection.

CA: _____

Pits: <input type="checkbox"/> NO SURFACE INDICATION OF PIT
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