

**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:

02/11/2014

Document Number:

663902777

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	335674	335674	LONGWORTH, MIKE	2A Doc Num: _____

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
Insp., General	970-285-2665	cogcc.inspections@encana.com	
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:QtrQtr: NWNW Sec: 31 Twp: 5S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
360	WELL	PR	09/20/2008	GW	045-15486	N. PARACHUTE EF12B-DX D31 59	PR	<input checked="" type="checkbox"/>
362	WELL	PR	09/21/2008	GW	045-15487	N. PARACHUTE EF11C D31 595	PR	<input checked="" type="checkbox"/>
292239	WELL	PA	05/07/2008	GW	045-14649	N. PARACHUTE EF12B D31 595	PA	<input checked="" type="checkbox"/>
292255	WELL	PR	09/17/2008	GW	045-14664	N. PARACHUTE EF 12A D31 595	PR	<input checked="" type="checkbox"/>
292256	WELL	PR	09/17/2008	GW	045-14663	N. PARACHUTE EF11D D31 595	PR	<input checked="" type="checkbox"/>
292257	WELL	PA	05/06/2008	GW	045-14662	N. PARACHUTE EF 14C D31 595	PA	<input checked="" type="checkbox"/>
292258	WELL	PR	09/17/2008	GW	045-14665	N. PARACHUTE EF14B D31 595	PR	<input checked="" type="checkbox"/>
292259	WELL	PR	09/17/2008	GW	045-14661	N. PARACHUTE EF14A D31 595	PR	<input checked="" type="checkbox"/>
292260	WELL	PR	09/18/2008	GW	045-14660	N. PARACHUTE EF12D D31	PR	<input checked="" type="checkbox"/>
292261	WELL	PR	09/18/2008	GW	045-14659	N. PARACHUTE EF12C D31 595	PR	<input checked="" type="checkbox"/>
432831	PIT	CL	05/10/2013		-	EF D31 595 432831	CL	<input type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	Continue routine road maintenance		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	No legal discription on well tags		
CONTAINERS	Satisfactory			
BATTERY	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?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	8	Satisfactory			
Other	2	Satisfactory	Gas lift sheds		
Ancillary equipment	2	Satisfactory	Well treatment chemical totes		
Gas Meter Run	1	Satisfactory			

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335674

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: 360 Type: WELL API Number: 045-15486 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 362 Type: WELL API Number: 045-15487 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292239 Type: WELL API Number: 045-14649 Status: PA Insp. Status: PA

Facility ID: 292255 Type: WELL API Number: 045-14664 Status: PR Insp. Status: PR

Inspector Name: LONGWORTH, MIKE

Producing Well

Comment: **Producing well**

Facility ID: 292256 Type: WELL API Number: 045-14663 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 292257 Type: WELL API Number: 045-14662 Status: PA Insp. Status: PA

Facility ID: 292258 Type: WELL API Number: 045-14665 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 292259 Type: WELL API Number: 045-14661 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 292260 Type: WELL API Number: 045-14660 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 292261 Type: WELL API Number: 045-14659 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

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:

Inspector Name: LONGWORTH, MIKE

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

1003b. Area no longer in use? In 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? Fail

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: Continue revegetation efforts

Overall Interim Reclamation Fail

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 _____

Inspector Name: LONGWORTH, MIKE

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
Ditches	Pass	Culverts	Pass			
Culverts	Pass	Sediment Traps	Pass			
Compaction	Pass	Compaction	Pass			
Sediment Traps	Pass					
Seeding	Fail	Gravel	Pass			
Slope Roughening	Pass	Retention Ponds	Pass			
Rip Rap	Pass	Rip Rap	Pass			
Gravel	Pass	Ditches				Ditches starting to wash and sediment from hillside
Retention Ponds	Pass					
Berms	Pass	Berms	Pass	MHSP	Pass	Chemical totes in secondary containment

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

Comment: Continue BMP maintenance as snow continues to melt.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT