

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:
03/07/2014

Document Number:
600000885

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>433170</u>	<u>433168</u>	<u>JOHNSON, RANDELL</u>	2A Doc Num:	

Operator Information:

OGCC Operator Number: _____

Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: 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
PRECUP, JIM		james.precup@state.co.us	
Group, Email		cogcc.djinspections@encana.com	Group Email

Compliance Summary:

QtrQtr: NWSW Sec: 16 Twp: 3N Range: 68W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
433167	WELL	DG	10/20/2013		123-37508	State 3E-16H	WO	<input checked="" type="checkbox"/>
433169	WELL	DG	10/17/2013		123-37509	State 3G-16H	WO	<input checked="" type="checkbox"/>
433170	WELL	DG	10/23/2013		123-37510	State 3A-16H	WO	<input checked="" type="checkbox"/>
433171	WELL	DG	10/19/2013		123-37511	State 3F-16H	WO	<input checked="" type="checkbox"/>
433172	WELL	DG	10/20/2013		123-37512	State 3D-16H	WO	<input checked="" type="checkbox"/>
433173	WELL	DG	10/23/2013		123-37513	State 3B-16H	WO	<input checked="" type="checkbox"/>
433174	WELL	DG	10/21/2013		123-37514	State 3C-16H	WO	<input checked="" type="checkbox"/>
433175	WELL	DG	10/16/2013		123-37515	State 3H-16H	WO	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>8</u>	Separators: <u>8</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>8</u>	Oil Tanks: <u>24</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

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?				

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
			In the process of installation		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
S/U/V:		Comment: Under construction		
Corrective Action:				Corrective Date:

Paint

Condition	
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 433170

Site Preparation:

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

S/U/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	youngr	The operator shall provide a schedule to the Town of Mead and pledge their best efforts to not schedule rig moves and to minimize drilling activities high traffic and high impact activities on Thanksgiving Day and the day after Thanksgiving and the day before Christmas and Christmas Day.	05/30/2013
OGLA	youngr	The location shall be accessed using Hwy 66 to WCR 5 then north to the access road.	05/30/2013
OGLA	youngr	The tank battery shall not exceed 24 total tanks.	05/30/2013

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: 433167 Type: WELL API Number: 123-37508 Status: DG Insp. Status: WO

Well Stimulation			
Stimulation Company: <u>Bayou Well Services</u>		Stimulation Type: <u>HYDRAULIC FRAC</u>	
Observation:		Other: _____	
Maximum Casing Recorded: _____ PSI	Tubing: _____		
Surface: _____	Intermediate: _____		
Production: _____	Instantaneous Shut-In Pressure (ISIP) _____		
Bradenhead Psi: _____	Frac Flow Back: _____	Fluid: _____	Gas: _____

Facility ID: <u>433169</u>	Type: <u>WELL</u>	API Number: <u>123-37509</u>	Status: <u>DG</u>	Insp. Status: <u>WO</u>
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Well Stimulation			
Stimulation Company: <u>Bayou Well Services</u>		Stimulation Type: <u>HYDRAULIC FRAC</u>	
Observation:		Other: _____	
Maximum Casing Recorded: _____ PSI	Tubing: _____		
Surface: _____	Intermediate: _____		
Production: _____	Instantaneous Shut-In Pressure (ISIP) _____		
Bradenhead Psi: _____	Frac Flow Back: _____	Fluid: _____	Gas: _____

Facility ID: <u>433170</u>	Type: <u>WELL</u>	API Number: <u>123-37510</u>	Status: <u>DG</u>	Insp. Status: <u>WO</u>
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Well Stimulation			
Stimulation Company: <u>Bayou Well Services</u>		Stimulation Type: <u>HYDRAULIC FRAC</u>	
Observation:		Other: _____	
Maximum Casing Recorded: _____ PSI	Tubing: _____		
Surface: _____	Intermediate: _____		
Production: _____	Instantaneous Shut-In Pressure (ISIP) _____		
Bradenhead Psi: _____	Frac Flow Back: _____	Fluid: _____	Gas: _____

Facility ID: <u>433171</u>	Type: <u>WELL</u>	API Number: <u>123-37511</u>	Status: <u>DG</u>	Insp. Status: <u>WO</u>
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Well Stimulation			
Stimulation Company: <u>Bayou Well Services</u>		Stimulation Type: <u>HYDRAULIC FRAC</u>	
Observation:		Other: _____	
Maximum Casing Recorded: _____ PSI	Tubing: _____		
Surface: _____	Intermediate: _____		
Production: _____	Instantaneous Shut-In Pressure (ISIP) _____		
Bradenhead Psi: _____	Frac Flow Back: _____	Fluid: _____	Gas: _____

Facility ID: <u>433172</u>	Type: <u>WELL</u>	API Number: <u>123-37512</u>	Status: <u>DG</u>	Insp. Status: <u>WO</u>
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Well Stimulation			
Stimulation Company: <u>Bayou Well Services</u>		Stimulation Type: <u>HYDRAULIC FRAC</u>	
Observation:		Other: _____	
Maximum Casing Recorded: _____ PSI	Tubing: _____		
Surface: _____	Intermediate: _____		
Production: _____	Instantaneous Shut-In Pressure (ISIP) _____		
Bradenhead Psi: _____	Frac Flow Back: _____	Fluid: _____	Gas: _____

Facility ID: <u>433173</u>	Type: <u>WELL</u>	API Number: <u>123-37513</u>	Status: <u>DG</u>	Insp. Status: <u>WO</u>
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Well Stimulation

Stimulation Company: Bayou Well Services Stimulation Type: HYDRAULIC FRAC
Observation: Other: _____
Maximum Casing Recorded: _____ PSI Tubing: _____
Surface: _____ Intermediate: _____
Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 433174 Type: WELL API Number: 123-37514 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: Bayou Well Services Stimulation Type: HYDRAULIC FRAC
Observation: Other: _____
Maximum Casing Recorded: _____ PSI Tubing: _____
Surface: _____ Intermediate: _____
Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 433175 Type: WELL API Number: 123-37515 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: Bayou Well Services Stimulation Type: HYDRAULIC FRAC
Observation: Other: _____
Maximum Casing Recorded: _____ PSI Tubing: _____
Surface: _____ Intermediate: _____
Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

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: IRRIGATED

Comment: _____

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 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 _____ In Process _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Inspector Name: JOHNSON, RANDELL

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

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Inspection performed in response to a noise complaint - see attached noise study.	johnsonr	03/07/2014

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
600000885	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3294914
600000886	Sound Test	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3294903