

**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:

06/17/2014

Document Number:

668301680

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                  |                          |             |
|---------------------|-------------|--------|------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection       | 2A Doc Num: |
|                     | 286258      | 336359 | JOHNSON, RANDELL | <input type="checkbox"/> |             |

**Operator Information:**OGCC Operator Number: 100185Name 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                    |
|--------------|--------------|--------------------------------|----------------------------|
| House, Chris | 303-774-3972 | larry.house@encana.com         | Strategic Projects Advisor |
| Group, Email |              | cogcc.djinspections@encana.com | Group Email                |

**Compliance Summary:**QtrQtr: NENW Sec: 5 Twp: 1N Range: 68W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/23/2010 | 200238679 | PR         | PR          | SATISFACTORY<br>Y             |          |                | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 251267      | WELL | PR     | 03/23/1996  | OW         | 123-19070 | BROWN 5-3     | PR          | <input type="checkbox"/>            |
| 285792      | WELL | AL     | 10/07/2011  | LO         | 123-24034 | HIGHLAND 21-5 | AL          | <input type="checkbox"/>            |
| 285794      | WELL | AL     | 10/07/2011  | LO         | 123-24033 | NATALIE 33-5  | AL          | <input type="checkbox"/>            |
| 285795      | WELL | AL     | 10/07/2011  | LO         | 123-24032 | LAURIE 32-5   | AL          | <input type="checkbox"/>            |
| 285797      | WELL | AL     | 10/07/2011  | LO         | 123-24040 | HOPE 31-5     | AL          | <input type="checkbox"/>            |
| 286258      | WELL | PR     | 08/01/2012  | GW         | 123-24165 | BROWN 31-5    | SI          | <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/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

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

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

|                |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| <b>Spills:</b> |      |        |                   |         |
| Type           | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

|                  |                              |                    |                   |         |
|------------------|------------------------------|--------------------|-------------------|---------|
| <b>Fencing/:</b> |                              |                    |                   |         |
| Type             | Satisfactory/Action Required | Comment            | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | Chain-link fencing |                   |         |

|                   |   |                              |         |                   |         |
|-------------------|---|------------------------------|---------|-------------------|---------|
| <b>Equipment:</b> |   |                              |         |                   |         |
| Type              | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift      | 1 | SATISFACTORY                 |         |                   |         |

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

|          |   |          |                     |                       |
|----------|---|----------|---------------------|-----------------------|
| Contents | # | Capacity | Type                | SE GPS                |
|          |   |          | CENTRALIZED BATTERY | 40.085190,-105.034030 |

S/A/V: SATISFACTORY Comment: See related inspection document #668301675 for information concerning shared facilities and equipment

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

**Paint**

|           |          |
|-----------|----------|
| 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/Action Required | Comment | Corrective Action | CA Date |
|                 |                              |         |                   |         |

**Predrill**

Location ID: 286258

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/A/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: 286258 Type: WELL API Number: 123-24165 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

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

Comment: Producing intermittently

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

|   |  |                              |             |
|---|--|------------------------------|-------------|
| Comment: <input style="width: 700px;" type="text"/>         |  |                              |             |
| Corrective Action: _____                                    |  | Date: _____                  |             |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |             |
| Proximity to Surface Water: _____                           |  | Depth to Ground Water: _____ |             |
| <b>Water Well:</b>  |  |                              |             |
| DWR Receipt Num: _____                                      |  | Owner Name: _____            | GPS : _____ |
| <b>Field Parameters:</b>                                    |  |                              |             |
| <input style="width: 300px;" type="text"/>                  |  |                              |             |
| Sample Location: <input style="width: 400px;" type="text"/> |  |                              |             |
| 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: <input style="width: 750px;" type="text"/>  |   |
| 1003a. Debris removed? <u>Pass</u> CM _____  |   |
| CA _____   | CA Date _____                             |
| Waste Material Onsite? <u>Pass</u> CM _____  |   |
| CA _____   | CA Date _____                             |
| Unused or unneeded equipment onsite? <u>Pass</u> CM _____  |   |
| CA _____   | CA Date _____                             |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____   |   |
| CA _____   | CA Date _____                             |
| Guy line anchors removed? <u>Pass</u> CM _____   |   |
| CA _____   | CA Date _____                             |
| Guy line anchors marked? _____ CM _____  |   |
| CA _____   | CA Date _____                             |
| 1003b. Area no longer in use? <u>Pass</u>  |   |
| Production areas stabilized ? <u>Pass</u>  |   |
| 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? <u>Pass</u> |   |
| Production areas have been stabilized? <u>Pass</u>   |   |
| Segregated soils have been replaced? _____   |   |

**RESTORATION AND REVEGETATION**

Cropland

|                         |                   |                                       |
|-------------------------|-------------------|---------------------------------------|
| Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |
|-------------------------|-------------------|---------------------------------------|

Inspector Name: JOHNSON, RANDELL

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_

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 \_\_\_\_\_

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

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

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

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

Pits: ☒ NO SURFACE INDICATION OF PIT