

**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:

07/30/2014

Document Number:

674700138

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	296535	335594	LONGWORTH, MIKE	<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
Kellerby, Shaun		shaun.kellerby@state.co.us	
Inspections, General	970-285-2665	cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: SENE Sec: 29 Twp: 5S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
281254	WELL	PR	11/14/2006	GW	045-11414	N.PARACHUTE EF 16D H29A 595	PR
281255	WELL	SI	01/24/2014	GW	045-11415	N.PARACHUTE EF 15B H29A 595	SI
281256	WELL	PR	11/10/2005	GW	045-11416	N.PARACHUTE EF01B H29A 595	PR
281257	WELL	PR	11/24/2006	GW	045-11417	N.PARACHUTE EF16B H29A 595	PR
281258	WELL	PR	11/03/2006	GW	045-11418	N.PARACHUTE EF09B H29A 595	PR
281259	WELL	PR	11/08/2006	GW	045-11419	N. PARACHUTE EF01D H29A 595	PR
281260	WELL	PR	11/10/2005	GW	045-11420	N.PARACHUTE EF 15D H29A 59	PR
281261	WELL	SI	01/27/2014	GW	045-11421	N.PARACHUTE EF 10D H29A 595	SI
296524	WELL	AL	07/08/2011	LO	045-16054	N. PARACHUTE EF02A-29	AL
296525	WELL	AL	09/16/2010	LO	045-16055	N. PARACHUTE EF02C-29	AL
296526	WELL	AL	07/08/2011	LO	045-16056	N. PARACHUTE EF14B-20	AL

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296527	WELL	AL	07/08/2011	LO	045-16057	N. PARACHUTE EF14A-20	AL	<input type="checkbox"/>
296528	WELL	WO		GW	045-16058	N. PARACHUTE EF15D-20 H29A 5	WO	<input type="checkbox"/>
296529	WELL	AL	07/08/2011	LO	045-16059	N. PARACHUTE EF14D-20	AL	<input type="checkbox"/>
296530	WELL	WO	09/29/2011	LO	045-16060	N. PARACHUTE EF10C-20 H29A 5	WO	<input type="checkbox"/>
296531	WELL	AL	07/08/2011	LO	045-16061	N. PARACHUTE EF14C-20 H29A	AL	<input type="checkbox"/>
296532	WELL	DG	04/28/2008	GW	045-16062	N. PARACHUTE EF15B-20 H29A 5	DG	<input type="checkbox"/>
296533	WELL	DG	04/28/2008	GW	045-16063	N. PARACHUTE EF16D-20 H29A 5	DG	<input type="checkbox"/>
296534	WELL	DG	04/28/2008	GW	045-16064	N. PARACHUTE EF10A20 H29A 59	DG	<input type="checkbox"/>
296535	WELL	DG	01/15/2009	GW	045-16065	N. PARACHUTE EF01B-29 H29A 5	WK	<input checked="" type="checkbox"/>
433716	PIT	AC	07/25/2013		-	H29A 433716	AC	<input 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**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
DRILLING/RECOMP	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Venting:**

Yes/No	Comment

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 296535

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: 296535 Type: WELL API Number: 045-16065 Status: DG Insp. Status: WK

Cement**Cement Contractor**

Contractor Name: Piceance Welll

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): 1800-1700

Cement Volume (sx): 40

Good Return During Job: _____

Cement Type: _____

Comment: Ready Mix truck showed up with the wrong blend of cement. Job pushed back until afternoon.

Workover

Comment: Piceance Well Service rig 44, Tubing in the surface casing to plug 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:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

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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

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 ☐

Inspector Name: LONGWORTH, MIKE

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass					
Gravel	Pass					
Compaction	Pass					

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT