

**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:
11/12/2014Document Number:
674101717Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	433457	433455	Rickard, Jeffrey	2A Doc Num: _____

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
,		cogcc.djinspections@encana.com	Group email

Compliance Summary:QtrQtr: NENW Sec: 14 Twp: 2N Range: 68W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
433452	WELL	XX	06/28/2013	LO	123-37643	Grant Elmquist 2D-14H C268	DG	<input checked="" type="checkbox"/>
433453	WELL	XX	06/28/2013	LO	123-37644	Grant Elmquist 2C-14H C268	DG	<input checked="" type="checkbox"/>
433454	WELL	XX	06/28/2013	LO	123-37645	Grant Elmquist 2F-14H C268	DG	<input checked="" type="checkbox"/>
433456	WELL	XX	06/28/2013	LO	123-37646	Grant Elmquist 2E-14H C268	DG	<input checked="" type="checkbox"/>
433457	WELL	XX	06/28/2013	LO	123-37647	Grant Elmquist 2G-14H C268	DG	<input checked="" type="checkbox"/>
433466	WELL	XX	07/02/2013	LO	123-37650	Grant Elmquist 2B-14H C268	DG	<input checked="" type="checkbox"/>
433468	WELL	XX	07/02/2013	LO	123-37652	Grant Elmquist 2A-14H C268	DG	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>4</u>	Separators: <u>7</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>10</u>	Oil Tanks: <u>18</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
DRILLING/RECOMP	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?**Facilities:**☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED BATTERY	,

S/A/V: _____

Comment: **Battery being constructed to the SE.**

Corrective Action: _____

Corrective Date: _____

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____

Corrective Date _____

Comment _____

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 433457

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: 433452 Type: WELL API Number: 123-37643 Status: XX Insp. Status: DG

Well Drilling**Rig:** Rig Name: ENSIGN 135 Pusher/Rig Manager: _____

Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____

Inspector Name: Rickard, Jeffrey

Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 433453 Type: WELL API Number: 123-37644 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 135 Pusher/Rig Manager: _____
Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 433454 Type: WELL API Number: 123-37645 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 135 Pusher/Rig Manager: _____
Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 433456 Type: WELL API Number: 123-37646 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 135 Pusher/Rig Manager: _____
Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

**Drill Fluids
Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 433457 Type: WELL API Number: 123-37647 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 135 Pusher/Rig Manager: _____
 Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 433466 Type: WELL API Number: 123-37650 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 135 Pusher/Rig Manager: _____
 Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

Comment:

Facility ID: 433468 Type: WELL API Number: 123-37652 Status: XX Insp. Status: DG

Well Drilling

Rig: Rig Name: Ensign 135 Pusher/Rig Manager: _____
 Permit Posted: SATISFACTORY Access Sign: SATISFACTORY

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: YES Semi-Closed Loop: _____
 Multi-Well: YES Disposal Location: _____

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

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: Rickard, Jeffrey

Comment: <input style="width:700px" type="text"/>			
Corrective Action: _____		Date: _____	
Reportable: _____	GPS: Lat _____	Long _____	
Proximity to Surface Water: _____		Depth to Ground Water: _____	
Water Well:			
		Lat _____	Long _____
DWR Receipt Num: _____	Owner Name: _____	GPS : _____	
Field Parameters:			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
Emission Control Burner (ECB): Y _____			
Comment: _____			
Pilot: _____	Wildlife Protection Devices (fired vessels): YES _____		

Reclamation - Storm Water - Pit

Interim Reclamation:			
Date Interim Reclamation Started: _____		Date Interim Reclamation Completed: _____	
Land Use: IRRIGATED			
Comment: <input style="width:700px" type="text"/>			
1003a.	Debris removed? In _____ CM _____		
	CA _____	CA Date _____	
	Waste Material Onsite? In _____ CM _____		
	CA _____	CA Date _____	
	Unused or unneeded equipment onsite? In _____ CM _____		
	CA _____	CA Date _____	
	Pit, cellars, rat holes and other bores closed? In _____ CM _____		
	CA _____	CA Date _____	
	Guy line anchors removed? In _____ CM _____		
	CA _____	CA Date _____	
	Guy line anchors marked? _____ CM _____		
	CA _____	CA Date _____	
1003b.	Area no longer in use? In _____	Production areas stabilized ? In _____	
1003c.	Compacted areas have been cross ripped? In _____		
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			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____

Inspector Name: Rickard, Jeffrey

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: IRRIGATED _____

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
Gravel	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT