

**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:
11/18/2014

Document Number:
668701958

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>HELGELAND, GARY</u>	2A Doc Num:	_____

Operator Information:

OGCC Operator Number:	<u>100185</u>
Name of Operator:	<u>ENCANA OIL & GAS (USA) INC</u>
Address:	<u>370 17TH ST STE 1700</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>

- 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
D, J Basin		cogcc.djinspections@encana.com	

Compliance Summary:

QtrQtr:	<u>NWSW</u>	Sec:	<u>16</u>	Twp:	<u>3N</u>	Range:	<u>68W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/08/2014	674001233	DG	DG	SATISFACTORY	I		No
03/07/2014	600000885	DG	WO	SATISFACTORY	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
433167	WELL	DG	10/20/2013	OW	123-37508	State 3E-16H	DG	<input checked="" type="checkbox"/>
433169	WELL	DG	10/17/2013	OW	123-37509	State 3G-16H	DG	<input checked="" type="checkbox"/>
433170	WELL	DG	10/23/2013	OW	123-37510	State 3A-16H	DG	<input checked="" type="checkbox"/>
433171	WELL	DG	10/19/2013	OW	123-37511	State 3F-16H	DG	<input checked="" type="checkbox"/>
433172	WELL	DG	10/20/2013	OW	123-37512	State 3D-16H	DG	<input checked="" type="checkbox"/>
433173	WELL	DG	10/23/2013	OW	123-37513	State 3B-16H	DG	<input checked="" type="checkbox"/>
433174	WELL	DG	10/21/2013	OW	123-37514	State 3C-16H	DG	<input checked="" type="checkbox"/>
433175	WELL	DG	10/16/2013	OW	123-37515	State 3H-16H	DG	<input checked="" type="checkbox"/>
437090	SPILL OR RELEASE	AC	05/06/2014		-	SPILL/RELEASE POINT	AC	<input type="checkbox"/>

Equipment:		<u>Location Inventory</u>			
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/A/V): _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 433170

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	youngr	The tank battery shall not exceed 24 total tanks.	05/30/2013
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

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: DG

Producing Well

Comment: **Site located on a production facility.**

Facility ID: 433169 Type: WELL API Number: 123-37509 Status: DG Insp. Status: DG

Facility ID: 433170 Type: WELL API Number: 123-37510 Status: DG Insp. Status: DG

Producing Well

Comment:

Facility ID: 433171 Type: WELL API Number: 123-37511 Status: DG Insp. Status: DG

Facility ID: 433172 Type: WELL API Number: 123-37512 Status: DG Insp. Status: DG

Facility ID: 433173 Type: WELL API Number: 123-37513 Status: DG Insp. Status: DG

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

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

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:

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200399368	NOISE	Precup, Jim	complaint of noise disturbing complainant during fracing operation	03/07/2014
200399370	NOISE	Precup, Jim	Complaint of noise disturbing complainant during fracing operation	03/20/2014

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? 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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced Pass Recontoured Pass Perennial forage re-established In

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Comment: Site located on a production facility.

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 _____

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	Gravel	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT