

Inspector Name: Rickard, Jeff

**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:
01/22/2015Document Number:
674102025Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	434319	434314	Rickard, Jeff	<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
Kulmann, Dave		dave.kulmann@state.co.us	
,		cogcc.djinspections@encana.com	Group email

Compliance Summary:QtrQtr: SWNE Sec: 14 Twp: 2N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/03/2014	674101635	DG	WO	SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
434312	WELL	DG	07/22/2014	LO	123-38088	Grant Hurt 1A-14H G268	WO	<input checked="" type="checkbox"/>
434313	WELL	DG	07/21/2014	LO	123-38089	Grant Hurt 1B-14H G268	WO	<input checked="" type="checkbox"/>
434315	WELL	DG	07/20/2014	LO	123-38090	Grant Hurt 1D-14H G268	WO	<input checked="" type="checkbox"/>
434316	WELL	DG	07/21/2014	LO	123-38091	Grant Hurt 1C-14H G268	WO	<input checked="" type="checkbox"/>
434317	WELL	DG	07/20/2014	LO	123-38092	Grant Hurt 1E-14H G268	WO	<input checked="" type="checkbox"/>
434318	WELL	DG	07/18/2014	LO	123-38093	Grant Hurt 1H-14H G268	WO	<input checked="" type="checkbox"/>
434319	WELL	DG	07/19/2014	LO	123-38094	Grant Hurt 1G-14H G268	WK	<input checked="" type="checkbox"/>
434380	WELL	DG	07/19/2014	LO	123-38131	Grant Hurt 1F-14H G268	WO	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

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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>14</u>	Oil Tanks: <u>20</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
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☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment
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Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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Predrill

Location ID: 434319

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	young	The tank battery shall be constructed using a liner.	08/12/2013

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: 434312 Type: WELL API Number: 123-38088 Status: DG Insp. Status: WO

Workover

Comment: Waiting to be fracked or has already been fracked.

Facility ID: 434313 Type: WELL API Number: 123-38089 Status: DG Insp. Status: WO

Workover

Comment: Waiting to be fracked or has already been fracked.

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Facility ID: 434315 Type: WELL API Number: 123-38090 Status: DG Insp. Status: WO

Workover

Comment: Wating to be fracked or has already been fracked.

Facility ID: 434316 Type: WELL API Number: 123-38091 Status: DG Insp. Status: WO

Workover

Comment: Wating to be fracked or has already been fracked.

Facility ID: 434317 Type: WELL API Number: 123-38092 Status: DG Insp. Status: WO

Workover

Comment: Wating to be fracked or has already been fracked.

Facility ID: 434318 Type: WELL API Number: 123-38093 Status: DG Insp. Status: WO

Workover

Comment: Wating to be fracked or has already been fracked.

Facility ID: 434319 Type: WELL API Number: 123-38094 Status: DG Insp. Status: WK

Complaint

Comment: Complaintants called OGCC inspector at 9:56 on 1/22/15 to say they havent felt any vibrations since the new walls went up. OGCC inspector ran a sound survey at complaintants house in the same location the survey was run on 1/16/15. Pumping started at 10:22 just as the sound survey started. Pumping stopped at 10:52. The sound survey was run until 11:35 to measure ambient background noise. Leq2 (C scale) showed an average of 63.2. Time on meter is set to central time so the time scale is an hour fast. Red vertical line shows when the pumping stopped at 10:52. 18A DOC# 200421900

Well Stimulation

Stimulation Company: BWS

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: _____

Workover

Comment: The Grant Hurt 1G-14H G268 was the well being fracked at time of inspection.

Facility ID: 434380 Type: WELL API Number: 123-38131 Status: DG Insp. Status: WO

Workover

Comment: Wating to be fracked or has already been fracked.

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:

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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? 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? Pass 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

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: RESIDENTIAL _____

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
Slope Roughening	Pass					
Ditches	Pass					
Gravel	Pass					

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT**COGCC Comments**

Comment	User	Date
Complainants have not heard or felt vibrations since new sound walls went up. Sound survey attached.	rickardj	01/22/2015

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

Document Num	Description	URL
674102026	Sound survey	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3534130