

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:
02/10/2015

Document Number:
666800627

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>415720</u>	<u>311645</u>	<u>Murray, Richard</u>	<input type="checkbox"/>	

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
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr: NESW Sec: 8 Twp: 7S Range: 93W

Inspector Comment:

Action required items noted in previous inspection have been satisfied

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
278652	WELL	PR	02/16/2006	GW	045-10908	GMR 8-11 (K8W)	PR	<input checked="" type="checkbox"/>
284219	WELL	PR	04/21/2011	GW	045-12101	GMR 8-6 (K8W)	PR	<input checked="" type="checkbox"/>
415712	WELL	PR	12/09/2010	GW	045-19143	GMR 8-6A2 (K8W)	PR	<input checked="" type="checkbox"/>
415713	WELL	PR	10/10/2011	GW	045-19144	GMR 8-12B (K8W)	PR	<input checked="" type="checkbox"/>
415716	WELL	PR	11/18/2010	GW	045-19145	GMR 8-5B1 (K8W)	PR	<input checked="" type="checkbox"/>
415717	WELL	PR	10/10/2011	GW	045-19146	GMR 8-11C (K8W)	PR	<input checked="" type="checkbox"/>
415718	WELL	PR	12/14/2010	GW	045-19147	GMR 8-6A1 (K8W)	PR	<input checked="" type="checkbox"/>
415719	WELL	PR	10/10/2011	GW	045-19148	GMR 8-12C2 (K8W)	PR	<input checked="" type="checkbox"/>
415720	WELL	PR	10/10/2011	GW	045-19149	GMR 8-5C1 (K8W)	PR	<input checked="" type="checkbox"/>
415722	WELL	PR	11/29/2010	GW	045-19150	GMR 8-6D (K8W)	PR	<input checked="" type="checkbox"/>
415723	WELL	PR	07/07/2011	GW	045-19151	GMR 8-11A2 (K8W)	PR	<input checked="" type="checkbox"/>
415724	WELL	PR	08/04/2011	GW	045-19152	GMR 8-11A1 (K8W)	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

415725	WELL	PR	11/15/2010	GW	045-19153	GMR 8-5B2 (K8W)	PR	<input checked="" type="checkbox"/>
415728	WELL	PR	10/10/2011	GW	045-19154	GMR 8-12C1 (K8W)	PR	<input checked="" type="checkbox"/>
415729	WELL	PR	11/11/2010	GW	045-19155	GMR 8-5D (K8W)	PR	<input checked="" type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>15</u>	Production Pits: _____
Condensate Tanks: <u>8</u>	Water Tanks: _____	Separators: <u>15</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____
 Comment: 911 and 1-800-791-7691
 Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Vertical Heated Separator	15	SATISFACTORY			
Emission Control Device	2	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Plunger Lift	15	SATISFACTORY			

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	500 BBLS	STEEL AST	39.458870,-107.800180
S/A/V: <u>SATISFACTORY</u>	Comment: _____			
Corrective Action: _____				Corrective Date: _____

Paint	
Condition	Adequate

Inspector Name: Murray, Richard

Other (Content) _____
 Other (Capacity) _____
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	500 BBLS	STEEL AST	39.458610,-107.800260
S/A/V: SATISFACTORY	Comment:			
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
-----------	----------

Other (Content) _____
 Other (Capacity) _____
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 415720

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

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: 278652 Type: WELL API Number: 045-10908 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 284219 Type: WELL API Number: 045-12101 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 415712 Type: WELL API Number: 045-19143 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 415713	Type: WELL	API Number: 045-19144	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415716	Type: WELL	API Number: 045-19145	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415717	Type: WELL	API Number: 045-19146	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415718	Type: WELL	API Number: 045-19147	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415719	Type: WELL	API Number: 045-19148	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415720	Type: WELL	API Number: 045-19149	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415722	Type: WELL	API Number: 045-19150	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415723	Type: WELL	API Number: 045-19151	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415724	Type: WELL	API Number: 045-19152	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415725	Type: WELL	API Number: 045-19153	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415728	Type: WELL	API Number: 045-19154	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415729	Type: WELL	API Number: 045-19155	Status: PR	Insp. Status: PR

Producing Well

Comment: **Plunger lift**

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): Y

Comment: _____
Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: RANGELAND

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? Pass

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

Inspector Name: Murray, Richard

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: RANGELAND

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					
Rip Rap	Pass					
Ditches	Pass					
		Rip Rap	Pass			
		Ditches	Pass			
Berms	Pass					
Seeding	Pass					
Gravel	Pass					
		Culverts	Pass			

Inspector Name: Murray, Richard

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT