

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:
03/06/2015

Document Number:
670900252

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>424643</u>	<u>424660</u>	<u>Peterson, Tom</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: 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
		<u>cogccinspections@encana.com</u>	<u>All inspections</u>

Compliance Summary:

QtrQtr: NWNE Sec: 17 Twp: 2N Range: 68W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
424643	WELL	PR	05/03/2013	OW	123-34127	FILE 41-17	PR	<input checked="" type="checkbox"/>
424648	WELL	PR	04/05/2013	OW	123-34128	FILE 1-17	PR	<input checked="" type="checkbox"/>
424650	WELL	PR	04/05/2013	OW	123-34129	FILE 6-0-17	PR	<input checked="" type="checkbox"/>
424651	WELL	PR	04/05/2013	OW	123-34130	FILE 32-17	PR	<input checked="" type="checkbox"/>
424670	WELL	PR	04/05/2013	OW	123-34131	FILE 8-2-17	PR	<input checked="" type="checkbox"/>
424671	WELL	PR	04/05/2013	OW	123-34132	FILE 4-2-17	PR	<input checked="" type="checkbox"/>
424681	WELL	PA	02/10/2012	GW	123-34133	FILE 42-17	PA	<input checked="" type="checkbox"/>
425072	WELL	PR	05/03/2013	OW	123-34264	FILE 31-17	PR	<input checked="" type="checkbox"/>
427632	WELL	PR	04/03/2013	OW	123-35057	FILE 42-17 X	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Inspector Name: Peterson, Tom

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>3</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>1</u>	Oil Tanks: <u>3</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	SATISFACTORY	Lease road entrance		
WELLHEAD	SATISFACTORY	x 8		
TANK LABELS/PLACARDS	SATISFACTORY	Placarding on produced water vault noted on prior inspection document #668302942 has been corrected.		
BATTERY	SATISFACTORY	x 8		

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

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

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	Chain link		
WELLHEAD	SATISFACTORY	Chain link		
SEPARATOR	SATISFACTORY	Chain link		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,

S/A/V: SATISFACTORY Comment: 230 bbls, Same GPS coordinates as crude oil tanks

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Inspector Name: Peterson, Tom

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	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: 424643

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:	424643	Type:	WELL	API Number:	123-34127	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
BradenHead									
Comment:	Bradenhead is exposed at surface								
CA:									
CA Date:									
Facility ID:	424648	Type:	WELL	API Number:	123-34128	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
BradenHead									
Comment:	Bradenhead is exposed at surface								
CA:									
CA Date:									
Facility ID:	424650	Type:	WELL	API Number:	123-34129	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
BradenHead									
Comment:	Bradenhead is exposed at surface								
CA:									
CA Date:									
Facility ID:	424651	Type:	WELL	API Number:	123-34130	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
BradenHead									
Comment:	Bradenhead is exposed at surface								
CA:									
CA Date:									
Facility ID:	424670	Type:	WELL	API Number:	123-34131	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								
BradenHead									
Comment:	Bradenhead is exposed at surface								
CA:									
CA Date:									
Facility ID:	424671	Type:	WELL	API Number:	123-34132	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	PR								

BradenHead

Comment: Bradenhead is exposed at surface

CA:

CA Date:

Facility ID: 424681 Type: WELL API Number: 123-34133 Status: PA Insp. Status: PA

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at surface

CA:

CA Date:

Facility ID: 425072 Type: WELL API Number: 123-34264 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at surface

CA:

CA Date:

Facility ID: 427632 Type: WELL API Number: 123-35057 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at surface

CA:

CA Date:

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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS: _____

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? _____ 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: RANGELAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Inspector Name: Peterson, Tom

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
		Other	Pass			Vehicle tracking pad
Gravel	Pass	Gravel	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT