

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:
03/11/2015

Document Number:
673801883

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>435070</u>	<u>435070</u>	<u>Gomez, Jason</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
		<u>cogcc.djinspections@encana.com</u>	<u>Group email</u>

Compliance Summary:

QtrQtr:	<u>SWNW</u>	Sec:	<u>19</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)
<u>09/11/2014</u>	<u>668302424</u>			<u>SATISFACTORY</u>			<u>No</u>

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
435063	WELL	PR	01/09/2015	LO	123-38442	Bohrer 2I-19H-E368	PR	<input checked="" type="checkbox"/>
435064	WELL	PR	01/09/2015	LO	123-38443	Bohrer 2G-19H-E368	PR	<input checked="" type="checkbox"/>
435065	WELL	PR	01/09/2015	LO	123-38444	Bohrer 2B-19H-E368	PR	<input checked="" type="checkbox"/>
435066	WELL	PR	01/09/2015	LO	123-38445	Bohrer 2E-19H-E368	PR	<input checked="" type="checkbox"/>
435067	WELL	DG	08/05/2014	LO	123-38446	Bohrer 2A-19H-E368	PR	<input checked="" type="checkbox"/>
435068	WELL	PR	01/09/2015	LO	123-38447	Bohrer 2F-19H-E368	PR	<input checked="" type="checkbox"/>
435069	WELL	PR	01/09/2015	LO	123-38448	Bohrer 2C-19H-E368	PR	<input checked="" type="checkbox"/>
435071	WELL	PR	01/09/2015	LO	123-38449	Bohrer 2H-19H-E368	PR	<input checked="" type="checkbox"/>
435072	WELL	PR	01/09/2015	LO	123-38450	Bohrer 2D-19H-E368	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>9</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>5</u>	Separators: <u>9</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>13</u>	Oil Tanks: <u>15</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

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

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?				

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 435070

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: 435063 Type: WELL API Number: 123-38442 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 435064 Type: WELL API Number: 123-38443 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 435065 Type: WELL API Number: 123-38444 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 435066 Type: WELL API Number: 123-38445 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 435067 Type: WELL API Number: 123-38446 Status: DG Insp. Status: PR

Producing Well

Comment: **PR**

Complaint

Comment: **Complaint #: 200426408**
Field Inspector Assigned: Gomez, Jason
Complaint Received:
Date: 3/10/2015 Time (Military): 2000 Hrs
Contacted by Inspector:
Date: 3/10/2015 Time (Military): 2000 Hrs
Well Number: 05-Choose an item.-Click here to enter text. Location #: 435070
Inspection Document #: 673801883
Complainant: Sarah Sharp Stark Phone: 303-485-6414
Address: 161 Hensen Dr Longmont

Nature of complaint: Noise
Field Inspector Actions:

 On 3/10/2015, at approx . 200Hrs I was contacted by Sarah Sharp the complainant in reference to water being pumped onto the ground at the Bohrer location, according to the complainant she thought frac water was being pumped out of the large volume tank on location to the Sandra Jeans Way road. When I went to the location on 3-11-2015 I met with Keith Sparkx of A&W Water services and Long Peak water District employees who identified the leaking water at the fire hydrant was on the Longs Peak Water District side and the water on the ground was fresh water caused by a leaking weep hole on the fire hydrant.

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC
 Other: _____
Observation:
 Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 435068 Type: WELL API Number: 123-38447 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 435069 Type: WELL API Number: 123-38448 Status: PR Insp. Status: PR

Producing Well

Comment: **PR**

Facility ID: 435071 Type: WELL API Number: 123-38449 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 435072 Type: WELL API Number: 123-38450 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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):

Comment:

Pilot: Wildlife Protection Devices (fired vessels):

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: DRY LAND

Comment:

1003a. Debris removed? CM

CA CA Date

Waste Material Onsite? CM

CA CA Date

Unused or unneeded equipment onsite? CM

CA CA Date

Pit, cellars, rat holes and other bores closed? CM

CA CA Date

Guy line anchors removed? 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: DRY LAND, 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
Waddles	Pass	Waddles	Pass			
Berms	Pass	Berms	Pass	VT	Pass	
Ditches	Pass	Ditches	Pass			
Sediment Traps	Pass					

Inspector Name: Gomez, Jason

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT