

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



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| DE | ET | OE | ES |
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Inspection Date:
04/01/2015

Document Number:
675201391

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>334060</u> | <u>334060</u> | <u>CONKLIN, CURTIS</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 |
|--------------|-------|------------------------------|-----------------|
| Encana, | | cogcc.inspections@encana.com | All Inspections |

Compliance Summary:

| QtrQtr: | <u>SESW</u> | Sec: | <u>30</u> | Twp: | <u>7S</u> | Range: | <u>95W</u> |
|------------|-------------|------------|-------------|-------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 07/01/2014 | 675100177 | | | SATISFACTORY | | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------------------|-------------|-------------------------------------|
| 259547 | WELL | PR | 02/15/2005 | GW | 045-07740 | S. PARACHUTE FEDERAL 30-42 | PR | <input checked="" type="checkbox"/> |
| 278634 | WELL | PR | 06/10/2006 | GW | 045-10900 | FEDERAL 30-15BB (PN30) | PR | <input checked="" type="checkbox"/> |
| 278635 | WELL | PR | 06/15/2006 | GW | 045-10899 | FEDERAL 30-15 (PN30) | PR | <input checked="" type="checkbox"/> |
| 278637 | WELL | PR | 06/15/2006 | GW | 045-10898 | FEDERAL 30-11 (PN30) | PR | <input checked="" type="checkbox"/> |
| 278670 | WELL | AL | 06/17/2011 | LO | 045-10913 | FEDERAL 30-11BB (PN30) | AL | <input type="checkbox"/> |
| 278671 | WELL | AL | 06/29/2011 | LO | 045-10914 | FEDERAL 30-14BB (PN30) | AL | <input type="checkbox"/> |
| 278672 | WELL | PR | 12/26/2005 | GW | 045-10915 | FEDERAL 31-2BB (PN30) | PR | <input checked="" type="checkbox"/> |

Equipment:

Location Inventory

| |
|--|
| |
|--|

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

Location

| Lease Road: | | | | |
|--------------------|------------------------------|---------|-------------------|------|
| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
| Access | SATISFACTORY | | | |

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

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

Comment: **1-800-791-7691**

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 |
| WELLHEAD | SATISFACTORY | Panels | | |
| SEPARATOR | SATISFACTORY | Panels | | |
| LOCATION | SATISFACTORY | Wire fence | | |

| Equipment: | | | | | |
|---------------------------|---|------------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Bird Protectors | 1 | SATISFACTORY | | | |
| Plunger Lift | 5 | SATISFACTORY | | | |
| Gas Meter Run | 1 | SATISFACTORY | | | |
| Vertical Heated Separator | 5 | SATISFACTORY | | | |

| Facilities: | | <input type="checkbox"/> New Tank | Tank ID: _____ | |
|--------------------|--------------|-----------------------------------|----------------|------------------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | 1000 GAL | STEEL AST | , |
| S/A/V: | SATISFACTORY | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

| | |
|---------------------------|----------|
| <u>Paint</u> Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

| | | | |
|-------------------|------|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | Same | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|-----------|--------|
| CONDENSATE | 3 | 300 BBLS | STEEL AST | , |

| | |
|---------------------|---------------------|
| S/A/V: SATISFACTORY | Comment: No Airs ID |
|---------------------|---------------------|

| | | | |
|--------------------|--|------------------|--|
| Corrective Action: | | Corrective Date: | |
|--------------------|--|------------------|--|

| | |
|---------------------------|----------|
| <u>Paint</u> Condition | Adequate |
| Other (Content) | _____ |
| Other (Capacity) | _____ |
| Other (Type) | _____ |

Berms

| 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: 334060

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: 259547 Type: WELL API Number: 045-07740 Status: PR Insp. Status: PR

Producing Well

Comment: **PR w/ plunger**

Facility ID: 278634 Type: WELL API Number: 045-10900 Status: PR Insp. Status: PR

Producing Well

Comment: **PR w/ plunger**

Facility ID: 278635 Type: WELL API Number: 045-10899 Status: PR Insp. Status: PR

Producing Well

Comment: **PR w/ plunger**

Facility ID: 278637 Type: WELL API Number: 045-10898 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 278672 Type: WELL API Number: 045-10915 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

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: _____

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: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Compaction | Pass | Gravel | Pass | | | |
| Berms | Pass | Compaction | Pass | | | |
| Seeding | Pass | | | | | |
| Gravel | Pass | | | | | |

Inspector Name: CONKLIN, CURTIS

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT