

**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:
08/20/2015Document Number:
674701741Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335588	335588	LONGWORTH, MIKE	<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
Inspections, General	970-285-2665	cogcc.inspections@encana.com	EnCana Inspection email

Compliance Summary:QtrQtr: NESE Sec: 30 Twp: 5S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/31/2013	663902579			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
280381	WELL	PR	02/01/2014	GW	045-11246	N.PARACHUTE EF01B 130 595	PR	<input checked="" type="checkbox"/>
280387	WELL	PR	04/12/2007	GW	045-11251	N.PARACHUTE EF08B 130 595	PR	<input checked="" type="checkbox"/>
280388	WELL	PR	09/17/2008	GW	045-11250	N.PARACHUTE EF 08D 130 595	PR	<input checked="" type="checkbox"/>
280389	WELL	PR	07/20/2006	GW	045-11249	N.PARACHUTE EF 16D I30 595	PR	<input checked="" type="checkbox"/>
280390	WELL	PR	04/19/2007	GW	045-11248	N.PARACHUTE EF16B I30 595	PR	<input checked="" type="checkbox"/>
280391	WELL	PR	06/22/2006	GW	045-11247	N.PARACHUTE EF04B 130 595	PR	<input checked="" type="checkbox"/>
280439	WELL	PR	02/01/2014	GW	045-11252	N.PARACHUTE EF01D-31 I30 59	PR	<input checked="" type="checkbox"/>
280440	WELL	PR	07/21/2006	GW	045-11253	N. PARACHUTE EF01D I30 595	PR	<input checked="" type="checkbox"/>
294239	WELL	PR	07/26/2009	GW	045-15341	N. PARACHUTE EF16C-19 I30 59	PR	<input checked="" type="checkbox"/>
294240	WELL	PR	02/19/2009	GW	045-15342	N. PARACHUTE EF03A-29 I30 59	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

294241	WELL	PR	02/24/2009	GW	045-15343	N. PARACHUTE EF05C-29 I30 59	PR	<input checked="" type="checkbox"/>
294242	WELL	PR	02/11/2009	GW	045-15344	N.PARACHUTE EF12D-29 I30 59	PR	<input checked="" type="checkbox"/>
294261	WELL	PR	02/20/2009	GW	045-15345	N.PARACHUTE EF13A-29 I30 59	PR	<input checked="" type="checkbox"/>
294262	WELL	PR	08/11/2009	GW	045-15346	N. PARACHUTE EFO1B-30 I30 59	PR	<input checked="" type="checkbox"/>
294263	WELL	PR	02/20/2009	GW	045-15347	N.PARACHUTE EF13C-29 I30 59	PR	<input checked="" type="checkbox"/>
294264	WELL	PR	07/20/2009	GW	045-15348	N. PARACHUTE EF04D-29 I30 59	PR	<input checked="" type="checkbox"/>
294265	WELL	PR	07/25/2009	GW	045-15349	N. PARACHUTE EF04C-29 I30 59	PR	<input checked="" type="checkbox"/>
294266	WELL	PR	02/11/2009	GW	045-15350	N. PARACHUTE EF05A-29 I30 59	PR	<input checked="" type="checkbox"/>
294267	WELL	PR	07/27/2009	GW	045-15351	N.PARACHUTE EF08A-30 I30 59	PR	<input checked="" type="checkbox"/>
294268	WELL	PR	08/17/2009	GW	045-15352	N.PARACHUTE EF08C-30 I30 59	PR	<input checked="" type="checkbox"/>
294269	WELL	PR	03/22/2009	GW	045-15353	N.PARACHUTE EF04A-32 I30 59	PR	<input checked="" type="checkbox"/>
294270	WELL	PR	02/19/2009	GW	045-15354	N.PARACHUTE EF05D-29 I30 59	PR	<input checked="" type="checkbox"/>
294271	WELL	PR	09/15/2009	GW	045-15355	N. PARACHUTE EF04A-29 I30 59	PR	<input checked="" type="checkbox"/>
294272	WELL	PR	07/28/2009	GW	045-15356	N. PARACHUTE EF16D-19 I30 59	PR	<input checked="" type="checkbox"/>
335588	LOCATION	AC	08/06/2015		-	EF I30 595	AC	<input type="checkbox"/>
442764	PIT	AC	10/31/2013		-	EF I30 595	AC	<input 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**Signs/Marker:**

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

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 800-791-7691

Inspector Name: LONGWORTH, MIKE

Corrective Action:

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	4	SATISFACTORY			
Plunger Lift	20	SATISFACTORY			
Plunger Lift	4	SATISFACTORY			
Gas Meter Run	20	SATISFACTORY			
Gas Meter Run	4	SATISFACTORY	Gas lift		
Ancillary equipment	4	SATISFACTORY			
Gas Meter Run	20	SATISFACTORY	Gas lift		

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	<100 BBLS	STEEL AST	,

S/A/V: SATISFACTORY

Comment:

Corrective Action:

Corrective Date:

Paint

Condition	Adequate
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Other (Content)

Other (Capacity) 80 bbls

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
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Predrill

Location ID: 335588

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: 280381 Type: WELL API Number: 045-11246 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 280387 Type: WELL API Number: 045-11251 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 280388 Type: WELL API Number: 045-11250 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID:	280389	Type:	WELL	API Number:	045-11249	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	280390	Type:	WELL	API Number:	045-11248	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	280391	Type:	WELL	API Number:	045-11247	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	280439	Type:	WELL	API Number:	045-11252	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	280440	Type:	WELL	API Number:	045-11253	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	294239	Type:	WELL	API Number:	045-15341	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	294240	Type:	WELL	API Number:	045-15342	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	294241	Type:	WELL	API Number:	045-15343	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	294242	Type:	WELL	API Number:	045-15344	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	294261	Type:	WELL	API Number:	045-15345	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	294262	Type:	WELL	API Number:	045-15346	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	294263	Type:	WELL	API Number:	045-15347	Status:	PR	Insp. Status:	PR

Producing WellComment: **Producing well**

Facility ID: 294264 Type: WELL API Number: 045-15348 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294265 Type: WELL API Number: 045-15349 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294266 Type: WELL API Number: 045-15350 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294267 Type: WELL API Number: 045-15351 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294268 Type: WELL API Number: 045-15352 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294269 Type: WELL API Number: 045-15353 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294270 Type: WELL API Number: 045-15354 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294271 Type: WELL API Number: 045-15355 Status: PR Insp. Status: PR

Producing WellComment: **Producing well**

Facility ID: 294272 Type: WELL API Number: 045-15356 Status: PR Insp. Status: PR

Producing WellComment: **Producing well****Environmental****Spills/Releases:**

Type of Spill: Description: Estimated Spill Volume:

Comment:

Corrective Action: Date:

Reportable: GPS: Lat Long

Inspector Name: LONGWORTH, MIKE

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? 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? _____ 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? _____

Inspector Name: LONGWORTH, MIKE

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
				MHSP	Pass	
Gravel	Pass					
Compaction	Pass					
		Ditches	Pass			
		Check Dams	Pass			
Seeding						
Berms	Pass					
		Culverts	Pass			
		Gravel	Pass			

S/A/V: SATISFACTOR

Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	442764	1642055	