

**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:
12/11/2015Document Number:
666801718Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	282863	335085	Murray, Richard	2A Doc Num:	

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
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: SWSE Sec: 29 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/04/2007	200113882	PR	WO	SATISFACTORY	I	Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
266651	WELL	PR	06/30/2003	GW	045-09162	SCHIDELER 29-15 (O29NE)	PR	<input checked="" type="checkbox"/>
266652	WELL	PR	06/26/2003	GW	045-09160	SCHIDELER 29-14 (O29NE)	PR	<input checked="" type="checkbox"/>
282861	WELL	PR	01/26/2006	GW	045-11853	SHIDELER 29-11C (O29NE)	PR	<input checked="" type="checkbox"/>
282862	WELL	PR	05/22/2007	GW	045-11854	SHIDELER 29-15A (O29NE)	PR	<input checked="" type="checkbox"/>
282863	WELL	PR	06/03/2007	GW	045-11855	SHIDELER 29-14C (O29NE)	PR	<input checked="" type="checkbox"/>
282864	WELL	PR	06/03/2007	GW	045-11856	SHIDELER 29-15C (O29NE)	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: Murray, Richard

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
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY	AIRS ID 045-0654-001		

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

Corrective Date: _____

Comment: _____

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
Emission Control Device	1	SATISFACTORY			
Vertical Heated Separator	2	SATISFACTORY			
Horizontal Heated Separator	4	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Plunger Lift	6	SATISFACTORY			

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 282863

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: 266651 Type: WELL API Number: 045-09162 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 266652 Type: WELL API Number: 045-09160 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282861 Type: WELL API Number: 045-11853 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 282862 Type: WELL API Number: 045-11854 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282863 Type: WELL API Number: 045-11855 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 282864 Type: WELL API Number: 045-11856 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:

Comment:

1003a. Debris removed? Pass CM CA Date
Waste Material Onsite? Pass CM CA Date
Unused or unneeded equipment onsite? Pass CM CA Date
Pit, cellars, rat holes and other bores closed? Pass CM

Inspector Name: Murray, Richard

CA _____ CA Date _____
Guy line anchors removed? _____ CM _____
CA _____ CA Date _____
Guy line anchors marked? Pass 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
Ditches	Pass					

Inspector Name: Murray, Richard

Berms	Pass				
		Gravel	Pass		
Gravel	Pass				

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT