

**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:

12/10/2015

Document Number:

674702172

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335594	335594	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: SENE Sec: 29 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)
03/03/2015	671000143			SATISFACTORY			No
12/31/2013	663902581			ACTION REQUIRED	F		No
12/31/2013	663902582			ACTION REQUIRED			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
281254	WELL	PR	11/14/2006	GW	045-11414	N.PARACHUTE EF 16D H29A 595	PR
281255	WELL	PR	02/01/2014	GW	045-11415	N.PARACHUTE EF 15B H29A 595	PR
281256	WELL	PR	11/10/2005	GW	045-11416	N.PARACHUTE EF01B H29A 595	PR
281257	WELL	PR	11/24/2006	GW	045-11417	N.PARACHUTE EF16B H29A 595	PR
281258	WELL	PR	11/03/2006	GW	045-11418	N.PARACHUTE EF09B H29A 595	PR
281259	WELL	PR	11/08/2006	GW	045-11419	N. PARACHUTE EF01D H29A 595	PR
281260	WELL	PR	11/10/2005	GW	045-11420	N.PARACHUTE EF 15D H29A 59	PR
281261	WELL	PR	02/01/2014	GW	045-11421	N.PARACHUTE EF 10D H29A 595	PR
296524	WELL	AL	07/08/2011	LO	045-16054	N. PARACHUTE EF02A-29	AL

Inspector Name: LONGWORTH, MIKE

296525	WELL	AL	09/16/2010	LO	045-16055	N. PARACHUTE EF02C-29	AL	<input type="checkbox"/>
296526	WELL	AL	07/08/2011	LO	045-16056	N. PARACHUTE EF14B-20	AL	<input type="checkbox"/>
296527	WELL	AL	07/08/2011	LO	045-16057	N. PARACHUTE EF14A-20	AL	<input type="checkbox"/>
296528	WELL	PA	08/06/2014	GW	045-16058	N. PARACHUTE EF15D-20 H29A 5	PA	<input checked="" type="checkbox"/>
296529	WELL	AL	07/08/2011	LO	045-16059	N. PARACHUTE EF14D-20	AL	<input type="checkbox"/>
296530	WELL	PA	08/07/2014	LO	045-16060	N. PARACHUTE EF10C-20 H29A 5	PA	<input checked="" type="checkbox"/>
296531	WELL	AL	07/08/2011	LO	045-16061	N. PARACHUTE EF14C-20 H29A	AL	<input type="checkbox"/>
296532	WELL	PA	08/05/2014	GW	045-16062	N. PARACHUTE EF15B-20 H29A 5	PA	<input checked="" type="checkbox"/>
296533	WELL	PA	08/08/2014	GW	045-16063	N. PARACHUTE EF16D-20 H29A 5	PA	<input checked="" type="checkbox"/>
296534	WELL	PA	07/31/2014	GW	045-16064	N. PARACHUTE EF10A20 H29A 59	PA	<input checked="" type="checkbox"/>
296535	WELL	PA	08/06/2014	GW	045-16065	N. PARACHUTE EF01B-29 H29A 5	PA	<input checked="" type="checkbox"/>
433716	PIT	AC	07/25/2013		-	H29A 433716	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

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

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335594

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: 296528 Type: WELL API Number: 045-16058 Status: PA Insp. Status: PA

Facility ID: 296530 Type: WELL API Number: 045-16060 Status: PA Insp. Status: PA

Facility ID: 296532 Type: WELL API Number: 045-16062 Status: PA Insp. Status: PA

Facility ID: 296533 Type: WELL API Number: 045-16063 Status: PA Insp. Status: PA

Facility ID: 296534 Type: WELL API Number: 045-16064 Status: PA Insp. Status: PA

Facility ID: 296535 Type: WELL API Number: 045-16065 Status: PA Insp. Status: PA

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): _____

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? _____

Inspector Name: LONGWORTH, MIKE

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: **No evidence of P&A wells on location. Subsequent reports are in well files.**

Corrective Action: _____ Date _____

Overall Final Reclamation Pass

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

S/A/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT