

**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

Inspection Date:

12/28/2015

Document Number:

675202353

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 334761 | 334761 | CONKLIN, CURTIS | <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 |
|--------------|-------|------------------------------|-----------------|
| Encana, | | cogcc.inspections@encana.com | All Inspections |

Compliance Summary:QtrQtr: NWNW Sec: 16 Twp: 7S Range: 95W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/26/2014 | 675200851 | | | SATISFACTORY | | | No |
| 07/19/2013 | 663801304 | | | SATISFACTORY | I | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-------------------------------|-------------|-------------------------------------|
| 286065 | WELL | PR | 02/18/2008 | GW | 045-12604 | ENYEART 16-4 (PD16) | PR | <input checked="" type="checkbox"/> |
| 288790 | WELL | PR | 02/11/2008 | GW | 045-13575 | ENYEART 16-4BB (PD16) | PR | <input checked="" type="checkbox"/> |
| 288793 | WELL | PR | 02/14/2008 | GW | 045-13574 | ENYEART 16-5BB (PD16) | PR | <input checked="" type="checkbox"/> |
| 288799 | WELL | PR | 02/08/2008 | GW | 045-13573 | ENYEART 16-5(PD16) | PR | <input checked="" type="checkbox"/> |
| 300667 | WELL | PR | 05/05/2011 | GW | 045-17968 | ENYEART GARDNER 16-5D (PD16) | PR | <input checked="" type="checkbox"/> |
| 300668 | WELL | PR | 10/07/2010 | GW | 045-17969 | ENYEART 17-8C (PD16) | PR | <input checked="" type="checkbox"/> |
| 300669 | WELL | PR | 05/27/2010 | GW | 045-17970 | ENYEART PAVISICH 16-3C (PD16) | PR | <input checked="" type="checkbox"/> |
| 300670 | WELL | PR | 05/12/2010 | GW | 045-17971 | ENYEART 17-1C (PD 16) | PR | <input checked="" type="checkbox"/> |
| 300671 | WELL | PR | 05/22/2010 | GW | 045-17972 | ENYEART 16-4D (PD16) | PR | <input checked="" type="checkbox"/> |

| | | | | | | | | |
|--------|------|----|------------|----|-----------|---------------------|----|-------------------------------------|
| 300672 | WELL | PR | 05/23/2010 | GW | 045-17973 | ENYEART 16-4C(PD16) | 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 |
|----------------------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: **285-2600**

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Spills:

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

☐ Multiple Spills and Releases?**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Equipment:

| Type: | # | Satisfactory/Action Required: |
|-------------------|---|-------------------------------|
| Comment | | |
| Corrective Action | | Date: _____ |

Facilities:☐ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|-----------|--------|
| METHANOL | 1 | <50 BBLS | STEEL AST | , |

S/AR SATISFACTORY

Comment: _____

Inspector Name: CONKLIN, CURTIS

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

Paint

| | |
|-----------|----------|
| 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 | 7 | 300 BBLS | STEEL AST | , |

| | | | |
|------|--------------|----------|----------------------|
| S/AR | SATISFACTORY | Comment: | AIRS ID 045-1771-001 |
|------|--------------|----------|----------------------|

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

Paint

| | |
|-----------|----------|
| 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 | NO |
|--------|----|

| | |
|---------|--|
| Comment | |
|---------|--|

Flaring:

| Type | | Satisfactory/Action Required | |
|------|--|------------------------------|--|
|------|--|------------------------------|--|

Comment:

Corrective Action:

Correct Action
Date:

Predrill

Location ID: 334761

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:**S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/AR:** _____ **Comment:** _____**CA:** _____ **Date:** _____**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: 286065 Type: WELL API Number: 045-12604 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 288790 Type: WELL API Number: 045-13575 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 288793 Type: WELL API Number: 045-13574 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Inspector Name: CONKLIN, CURTIS

Facility ID: 288799 Type: WELL API Number: 045-13573 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 300667 Type: WELL API Number: 045-17968 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 300668 Type: WELL API Number: 045-17969 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 300669 Type: WELL API Number: 045-17970 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 300670 Type: WELL API Number: 045-17971 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 300671 Type: WELL API Number: 045-17972 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ Plunger

Facility ID: 300672 Type: WELL API Number: 045-17973 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. Waste and Debris removed? _____

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 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 REVEGETATIONCropland

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 _____

Inspector Name: CONKLIN, CURTIS

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

S/A/V: _____ Corrective Date: _____

Comment: Could not do complete stormwater inspection due to snow cover.

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT