

**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:

01/04/2016

Document Number:

666801804

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	299473	334939	Murray, Richard	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	100185
Name of Operator:	ENCANA OIL & GAS (USA) INC
Address:	370 17TH ST STE 1700
City:	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:	1	Twp:	7S	Range:	92W
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/20/2010	200285980	PR	PR	SATISFACTORY			No

Inspector Comment:

location shares facilities for location ID 416887

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
267801	WELL	PR	04/21/2003	GW	045-09215	TWIN CREEK 1-15B (O1E)	PR	<input checked="" type="checkbox"/>
294606	WELL	AL	11/21/2008	LO	045-15527	TWIN CREEK 1-15 (O1E)	AL	<input type="checkbox"/>
294607	WELL	AL	11/21/2008	LO	045-15528	TWIN CREEK 12-2A (O1E)	AL	<input type="checkbox"/>
294608	WELL	AL	11/21/2008	LO	045-15529	TWIN CREEK 1-15A (O1E)	AL	<input type="checkbox"/>
294610	WELL	AL	11/21/2008	LO	045-15530	TWIN CREEK 1-10 (O1E)	AL	<input type="checkbox"/>
295205	WELL	AL	11/21/2008	LO	045-15706	TWIN CREEK 1-10A (O1E)	AL	<input type="checkbox"/>
295206	WELL	PR	07/27/2009	GW	045-15707	TWIN CREEK 1-11A1 (O1E)	PR	<input checked="" type="checkbox"/>
299473	WELL	PR	08/11/2009	GW	045-17681	TWIN CREEK 1-14B1 (O1E)	PR	<input checked="" type="checkbox"/>
299474	WELL	PR	08/06/2009	GW	045-17682	TWIN CREEK 1-14B2 (O1E)	PR	<input checked="" type="checkbox"/>
299475	WELL	PR	07/30/2009	GW	045-17683	TWIN CREEK 1-11B2 (O1E)	PR	<input checked="" type="checkbox"/>

299476	WELL	PR	08/10/2009	GW	045-17684	TWIN CREEK 1-14A1 (O1E)	PR	<input checked="" type="checkbox"/>
299477	WELL	PR	08/07/2009	GW	045-17685	TWIN CREEK 12-3A1 (O1E)	PR	<input checked="" type="checkbox"/>
299478	WELL	PR	08/05/2009	GW	045-17686	TWIN CREEK 1-11A2 (O1E)	PR	<input checked="" type="checkbox"/>
299479	WELL	PR	08/02/2009	GW	045-17687	TWIN CREEK 1-14A2 (O1E)	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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRES ID 045-2196-001		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

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

Equipment:

Type: Ancillary equipment	# 1	Satisfactory/Action Required: SATISFACTORY
Comment	Chemical unit at wellhead	
Corrective Action	Date:	

Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment blow down tank			
Corrective Action			Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Vertical Heated Separator	# 20	Satisfactory/Action Required:	SATISFACTORY
Comment 23 total			
Corrective Action			Date:
Type: Vertical Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	1000 GAL	STEEL AST	,
S/AR	SATISFACTORY		Comment: Same berm as condensate tanks	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action			Corrective Date	
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	500 BBLs	HEATED STEEL AST	39.472100,-107.613690
S/AR	SATISFACTORY		Comment:	
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: 299473

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: 267801 Type: WELL API Number: 045-09215 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 295206 Type: WELL API Number: 045-15707 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299473 Type: WELL API Number: 045-17681 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299474 Type: WELL API Number: 045-17682 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299475 Type: WELL API Number: 045-17683 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299476 Type: WELL API Number: 045-17684 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299477 Type: WELL API Number: 045-17685 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299478 Type: WELL API Number: 045-17686 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 299479 Type: WELL API Number: 045-17687 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. Waste and Debris removed? Pass

CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? Pass

CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass

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 _____

Inspector Name: Murray, Richard

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
Seeding	Pass					
Ditches	Pass					
		Culverts	Pass			
		Ditches	Pass			
		Compaction	Pass			

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: Snow covered access road and location

CA: _____

Pits: NO SURFACE INDICATION OF PIT