

**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:

01/28/2016

Document Number:

674702316

Overall Inspection:

SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335200</u>	<u>335200</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>100185</u>
Name of Operator:	<u>ENCANA OIL & GAS (USA) INC</u>
Address:	<u>370 17TH ST STE 1700</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>

- 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:	<u>NENW</u>	Sec:	<u>28</u>	Twp:	<u>6S</u>	Range:	<u>96W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/27/2015	674701640			SATISFACTORY			No
05/15/2015	674701421			SATISFACTORY			No
01/22/2015	674700879			ACTION REQUIRED			No
05/15/2014	663903199			SATISFACTORY			No
01/22/2014	663902681			SATISFACTORY	I		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
252	WELL	PR	03/27/2009	GW	045-15460	N. PARACHUTE MF02B C28 696	PR	<input checked="" type="checkbox"/>
253	WELL	PR	04/17/2009	GW	045-15461	N. PARACHUTE MF01A C28 696	PR	<input checked="" type="checkbox"/>
254	WELL	PR	04/17/2009	GW	045-15462	N. PARACHUTE MF01D C28 696	PR	<input checked="" type="checkbox"/>
255	WELL	PR	04/30/2009	GW	045-15463	N. PARACHUTE MF01C C28 696	PR	<input checked="" type="checkbox"/>
256	WELL	PR	03/31/2009	GW	045-15464	N. PARACHUTE MF02A C28 696	PR	<input checked="" type="checkbox"/>
258	WELL	PR	01/31/2009	GW	045-15465	N.PARACHUTE MF02D C28 696	PR	<input checked="" type="checkbox"/>
259	WELL	PR	04/14/2009	GW	045-15466	N. PARACHUTE MF01B C28 696	PR	<input checked="" type="checkbox"/>

260	WELL	PR	01/20/2009	GW	045-15467	N. PARACHUTE MF02C C28 696	PR	<input checked="" type="checkbox"/>
291912	WELL	PR	04/14/2009	GW	045-14553	N. PARACHUTE MF15A-21 C28 69	PR	<input checked="" type="checkbox"/>
291915	WELL	PR	01/19/2009	GW	045-14552	N. PARACHUTE MF10A-21C28 696	PR	<input checked="" type="checkbox"/>
291916	WELL	PR	04/15/2009	GW	045-14551	N. PARACHUTE MF10B-21C28 696	PR	<input checked="" type="checkbox"/>
291918	WELL	PR	04/17/2009	GW	045-14550	N. PARACHUTE MF10C-21 C28 69	PR	<input checked="" type="checkbox"/>
291920	WELL	PR	04/30/2009	GW	045-14549	N. PARACHUTE MF10D-21 C28 69	PR	<input checked="" type="checkbox"/>
292039	WELL	PR	04/14/2009	GW	045-14554	N. PARACHUTE MF15B-21C28696	PR	<input checked="" type="checkbox"/>
293694	WELL	PR	04/17/2009	GW	045-15108	N. PARACHUTE MF15C-21 C28 69	PR	<input checked="" type="checkbox"/>
293695	WELL	PR	04/17/2009	GW	045-15109	N. PARACHUTE MF16C-21 C28 69	PR	<input checked="" type="checkbox"/>
425557	PIT		09/19/2011		-	C28 696		<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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date

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

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

Multiple Spills and Releases?

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:				
Type: Gas Meter Run	# 16	Satisfactory/Action Required:	SATISFACTORY	
Comment	Gas lift			
Corrective Action				Date:
Type: Gas Meter Run	# 16	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Plunger Lift	# 16	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 3	Satisfactory/Action Required:	SATISFACTORY	
Comment	Chemical containers at meter sheds			
Corrective Action				Date:

Facilities:				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint	
Condition	Adequate
Other (Content)	_____
Other (Capacity)	80 bbl
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: 335200

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: <u>252</u>	Type: <u>WELL</u>	API Number: <u>045-15460</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: Producing well

Facility ID: <u>253</u>	Type: <u>WELL</u>	API Number: <u>045-15461</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: Producing well

Facility ID: <u>254</u>	Type: <u>WELL</u>	API Number: <u>045-15462</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well				
Comment: Producing well				
Facility ID:	255	Type:	WELL	API Number: 045-15463
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	256	Type:	WELL	API Number: 045-15464
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	258	Type:	WELL	API Number: 045-15465
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	259	Type:	WELL	API Number: 045-15466
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	260	Type:	WELL	API Number: 045-15467
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	291912	Type:	WELL	API Number: 045-14553
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	291915	Type:	WELL	API Number: 045-14552
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	291916	Type:	WELL	API Number: 045-14551
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	291918	Type:	WELL	API Number: 045-14550
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	291920	Type:	WELL	API Number: 045-14549
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	292039	Type:	WELL	API Number: 045-14554
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				

Facility ID: 293694 Type: WELL API Number: 045-15108 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293695 Type: WELL API Number: 045-15109 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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 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
Berms	Pass					
Check Dams	Pass					
Slope Roughening	Pass					
Ditches	Pass					
		Gravel	Pass			

Inspector Name: LONGWORTH, MIKE

Hydro Mulch	Pass				
		Ditches	Pass		
		Culverts	Pass		
				MHSP	Pass

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT