

**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:
	335200	335200	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: NENW Sec: 28 Twp: 6S Range: 96W

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"/>

Inspector Name: LONGWORTH, MIKE

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

**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

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Fencing:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
<b>Equipment:</b>				
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:
<b>Facilities:</b>				
<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:
<b>Paint</b>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) 80 bbl				
Other (Type) _____				
<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				
<b>Venting:</b>				
Yes/No	NO			
Comment				
<b>Flaring:</b>				
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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<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	255	Type:	WELL	API Number: 045-15463 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	256	Type:	WELL	API Number: 045-15464 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	258	Type:	WELL	API Number: 045-15465 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	259	Type:	WELL	API Number: 045-15466 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	260	Type:	WELL	API Number: 045-15467 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	291912	Type:	WELL	API Number: 045-14553 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	291915	Type:	WELL	API Number: 045-14552 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	291916	Type:	WELL	API Number: 045-14551 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	291918	Type:	WELL	API Number: 045-14550 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	291920	Type:	WELL	API Number: 045-14549 Status: PR Insp. Status: PR
<b>Producing Well</b>				
Comment:	Producing well			
Facility ID:	292039	Type:	WELL	API Number: 045-14554 Status: PR Insp. Status: PR
<b>Producing Well</b>				
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			

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Hydro Mulch	Pass					
		Ditches	Pass			
		Culverts	Pass			
				MHSP	Pass	

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment:

CA:

**Pits:** ☒ NO SURFACE INDICATION OF PIT