

**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:

03/07/2016

Document Number:

666801978

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	270187	334934	Murray, Richard	<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
Contact, General		cogcc.inspections@encana.com	

**Compliance Summary:**QtrQtr: SESW Sec: 1 Twp: 7S Range: 93W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
256649	WELL	PR	01/01/2004	GW	045-07479	SHAEFFER 12-2	PR	<input checked="" type="checkbox"/>
256650	WELL	PR	01/06/2000	GW	045-07480	BENZEL 1-14	PR	<input checked="" type="checkbox"/>
256651	WELL	PR	01/06/2000	GW	045-07481	BENZEL 1-15 (N1)	PR	<input checked="" type="checkbox"/>
270182	WELL	PR	07/30/2004	GW	045-09487	BENZEL 1-11D (N1B)	PR	<input checked="" type="checkbox"/>
270183	WELL	PR	07/30/2004	GW	045-09488	SHAEFFER 12-4A1 (N1B)	PR	<input checked="" type="checkbox"/>
270187	WELL	PR	07/30/2004	GW	045-09490	BENZEL 1-14B (N1B)	PR	<input checked="" type="checkbox"/>
271503	WELL	PR	07/30/2004	GW	045-09897	BENZEL 1-13A (N1B)	PR	<input checked="" type="checkbox"/>
271627	WELL	PR	07/30/2004	GW	045-09916	BENZEL 1-11A1 (N1B)	PR	<input checked="" type="checkbox"/>

**Equipment:**Location Inventory

Inspector Name: Murray, Richard

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
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY	AIRS ID 045-0843-001		
WELLHEAD	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
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☐ Multiple Spills and Releases?

#### Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

#### Equipment:

Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Plunger Lift	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date: _____
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			

Inspector Name: Murray, Richard

Corrective Action		Date:	
Type: Vertical Heated Separator	# 5	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:	Centralized battery
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	300 BBLS	STEEL AST	39.469636,-107.725942

S/AR	SATISFACTORY	Comment:	
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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action	Corrective Date
Comment	

**Venting:**

Yes/No	
Comment	

**Flaring:**

Type	Satisfactory/Action Required
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Inspector Name: Murray, Richard

Comment:			
Corrective Action:		Correct Action Date:	

**Predrill**

Location ID: 270187

**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>256649</u>	Type: <u>WELL</u>	API Number: <u>045-07479</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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**Producing Well**

Comment: Plunger lift

Facility ID: <u>256650</u>	Type: <u>WELL</u>	API Number: <u>045-07480</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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**Producing Well**

Comment: Plunger lift

Facility ID: <u>256651</u>	Type: <u>WELL</u>	API Number: <u>045-07481</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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**Producing Well**Comment: **Plunger lift**Facility ID: 270182 Type: WELL API Number: 045-09487 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 270183 Type: WELL API Number: 045-09488 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 270187 Type: WELL API Number: 045-09490 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 271503 Type: WELL API Number: 045-09897 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 271627 Type: WELL API Number: 045-09916 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): N

Comment: \_\_\_\_\_

Pilot: \_\_\_\_\_ Wildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Inspector Name: Murray, Richard

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 \_\_\_\_\_

Non cropland: Revegetated 80% \_\_\_\_\_

Cropland: perennial forage \_\_\_\_\_

Inspector Name: Murray, Richard

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
		Culverts	Pass			
		Ditches	Pass			
Ditches	Pass					
Seeding	Pass					
		Gravel	Pass			
Gravel	Pass					

S/A/V: SATISFACTOR  
Y \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

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