

**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:

03/21/2016

Document Number:

674702526

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335594	335594	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: SENE Sec: 29 Twp: 5S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/04/2016	671000285			SATISFACTORY			No
12/10/2015	674702172			SATISFACTORY		Pass	No
12/10/2015	674702171			SATISFACTORY		Pass	No
12/10/2015	674702173			SATISFACTORY			No
03/03/2015	671000143			SATISFACTORY			No
12/31/2013	663902582			ACTION REQUIRED			No
12/31/2013	663902581			ACTION REQUIRED	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281254	WELL	PR	11/14/2006	GW	045-11414	N.PARACHUTE EF 16D H29A 595	PR	<input checked="" type="checkbox"/>
281255	WELL	PR	02/01/2014	GW	045-11415	N.PARACHUTE EF 15B H29A 595	PR	<input checked="" type="checkbox"/>
281256	WELL	PR	11/10/2005	GW	045-11416	N.PARACHUTE EF01B H29A 595	PR	<input checked="" type="checkbox"/>
281257	WELL	PR	11/24/2006	GW	045-11417	N.PARACHUTE EF16B H29A 595	PR	<input checked="" type="checkbox"/>
281258	WELL	PR	11/03/2006	GW	045-11418	N.PARACHUTE EF09B H29A 595	PR	<input checked="" type="checkbox"/>
281259	WELL	PR	11/08/2006	GW	045-11419	N. PARACHUTE EF01D H29A 595	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

281260	WELL	PR	11/10/2005	GW	045-11420	N.PARACHUTE EF 15D H29A 59	PR	<input checked="" type="checkbox"/>
281261	WELL	PR	02/01/2014	GW	045-11421	N.PARACHUTE EF 10D H29A 595	PR	<input checked="" type="checkbox"/>
296524	WELL	AL	07/08/2011	LO	045-16054	N. PARACHUTE EF02A-29	AL	<input type="checkbox"/>
296525	WELL	AL	09/16/2010	LO	045-16055	N. PARACHUTE EF02C-29	AL	<input type="checkbox"/>
296526	WELL	AL	07/08/2011	LO	045-16056	N. PARACHUTE EF14B-20	AL	<input type="checkbox"/>
296527	WELL	AL	07/08/2011	LO	045-16057	N. PARACHUTE EF14A-20	AL	<input type="checkbox"/>
296528	WELL	PA	08/06/2014	GW	045-16058	N. PARACHUTE EF15D-20 H29A 5	PA	<input type="checkbox"/>
296529	WELL	AL	07/08/2011	LO	045-16059	N. PARACHUTE EF14D-20	AL	<input type="checkbox"/>
296530	WELL	PA	08/07/2014	LO	045-16060	N. PARACHUTE EF10C-20 H29A 5	PA	<input type="checkbox"/>
296531	WELL	AL	07/08/2011	LO	045-16061	N. PARACHUTE EF14C-20 H29A	AL	<input type="checkbox"/>
296532	WELL	PA	08/05/2014	GW	045-16062	N. PARACHUTE EF15B-20 H29A 5	PA	<input type="checkbox"/>
296533	WELL	PA	08/08/2014	GW	045-16063	N. PARACHUTE EF16D-20 H29A 5	PA	<input type="checkbox"/>
296534	WELL	PA	07/31/2014	GW	045-16064	N. PARACHUTE EF10A20 H29A 59	PA	<input type="checkbox"/>
296535	WELL	PA	08/06/2014	GW	045-16065	N. PARACHUTE EF01B-29 H29A 5	PA	<input type="checkbox"/>
433716	PIT	AC	07/25/2013		-	H29A 433716	AC	<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
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Inspector Name: LONGWORTH, MIKE

Comment: 800-791-7691

Corrective Action:

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	SATISFACTORY	Unused equipment has been removed since inspection 12/10/15 doc #674702173.		

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: Gas Meter Run	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment	Gas lift		
Corrective Action			Date:
Type: Gas Meter Run	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Venting:

Yes/No	NO
Comment	

Flaring:

Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

Predrill

Location ID: 335594

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: 281254 Type: WELL API Number: 045-11414 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281255 Type: WELL API Number: 045-11415 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281256 Type: WELL API Number: 045-11416 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

Facility ID: 281257 Type: WELL API Number: 045-11417 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281258 Type: WELL API Number: 045-11418 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281259 Type: WELL API Number: 045-11419 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281260 Type: WELL API Number: 045-11420 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281261 Type: WELL API Number: 045-11421 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:

Lat _____ Long _____
DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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? Pass

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 _____

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 _____

Inspector Name: LONGWORTH, MIKE

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
				MHSP	Pass	
Berms	Pass					
		Compaction	Pass			
		Culverts	Pass			
		Ditches	Pass			
		Gravel	Pass			
Compaction	Pass					
Ditches	Pass					
Gravel	Pass					

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT