

**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:

03/25/2016

Document Number:

674702545

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335692	335692	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: 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)
08/20/2014	674700210			SATISFACTORY			No
03/28/2014	663902905			SATISFACTORY	F		No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
352	WELL	PR	05/18/2009	GW	045-15493	N.PARACHUTE EF07D-20 C29 59	PR	<input checked="" type="checkbox"/>
353	WELL	PR	01/17/2011	GW	045-15490	N.PARACHUTE EF07B-20 C29 59	PR	<input checked="" type="checkbox"/>
354	WELL	PR	02/01/2014	GW	045-15491	N.PARACHUTE EF07C-20 C29 59	PR	<input checked="" type="checkbox"/>
355	WELL	PR	01/25/2010	GW	045-15492	N. PARACHUTE EFH320-10N C29	PR	<input checked="" type="checkbox"/>
356	WELL	PA	11/14/2012	GW	045-15494	N.PARACHUTE EF 11D-20 C29 5	PA	<input type="checkbox"/>
367	WELL	PR	01/20/2010	GW	045-15488	N. PARACHUTE EFH320-8N C29	PR	<input checked="" type="checkbox"/>
368	WELL	PA	11/14/2012	GW	045-15489	N. PARACHUTE EF07A-20 C29 59	PA	<input type="checkbox"/>
294648	WELL	DA	08/27/2014	GW	045-15547	N. PARACHUTE EF05A-20 C29 59	DA	<input type="checkbox"/>
294649	WELL	AL	07/08/2011	LO	045-15549	N.PARACHUTE EFH329-10S C29	AL	<input type="checkbox"/>

294650	WELL	AL	07/08/2011	LO	045-15548	N.PARACHUTE EFH329-6S C29 5	AL	<input type="checkbox"/>
294651	WELL	PA	08/27/2014	GW	045-15550	N. PARACHUTE EF06D-20 C29 59	PA	<input type="checkbox"/>
294652	WELL	PA	11/14/2012	GW	045-15551	N. PARACHUTE EF12C-20 C29 59	PA	<input type="checkbox"/>
294653	WELL	PR	09/25/2009	GW	045-15552	N. PARACHUTE EF12B-20 C29 59	PR	<input checked="" type="checkbox"/>
294654	WELL	PA	11/14/2012	GW	045-15553	N. PARACHUTE EF12A-20 C29595	PA	<input type="checkbox"/>
294655	WELL	AL	07/08/2011	LO	045-15554	N. PARACHUTE EFH329-1S C29 5	AL	<input type="checkbox"/>
294656	WELL	AL	07/08/2011	LO	045-15555	N.PARACHUTE EFH320-1N C29 5	AL	<input type="checkbox"/>
294657	WELL	DA	08/27/2014	GW	045-15556	N. PARACHUTE EF05B-20 C29 59	DA	<input type="checkbox"/>
294658	WELL	PR	01/18/2011	GW	045-15557	N. PARACHUTE EF05D-20 C29 59	PR	<input checked="" type="checkbox"/>
294659	WELL	DA	08/27/2014	GW	045-15558	N. PARACHUTE EF05C-20 C29 59	DA	<input type="checkbox"/>
294788	WELL	AL	07/08/2011	LO	045-15594	N. Parachute EF08D-19 C29 59	AL	<input type="checkbox"/>
294789	WELL	AL	07/08/2011	LO	045-15595	N. Parachute EF16B-19 C29 59	AL	<input type="checkbox"/>
294791	WELL	PA	08/27/2014	GW	045-15597	N. PARACHUTE EF12D-20 C29 59	PA	<input type="checkbox"/>
294792	WELL	AL	07/08/2011	LO	045-15598	N. Parachute EF13D-20 C29 59	AL	<input type="checkbox"/>
294793	WELL	AL	07/08/2011	LO	045-15599	N. Parachute EF13C-20 C29 59	AL	<input type="checkbox"/>
294794	WELL	AL	07/08/2011	LO	045-15600	N. Parachute EF13B-20 C29 59	AL	<input type="checkbox"/>
294795	WELL	PA	08/27/2014	GW	045-15601	N. PARACHUTE EF08C-19 C29 59	PA	<input type="checkbox"/>
294796	WELL	AL	07/08/2011	LO	045-15596	N. Parachute EF13A-20 C29 59	AL	<input type="checkbox"/>
294871	WELL	AL	07/08/2011	LO	045-15619	N. Parachute EF09C-19 C29 59	AL	<input type="checkbox"/>
294872	WELL	AL	07/08/2011	LO	045-15621	N. Parachute EF09D-19 C29 59	AL	<input type="checkbox"/>
294873	WELL	AL	07/08/2011	LO	045-15622	N. Parachute EF09A-19 C29 59	AL	<input type="checkbox"/>
294882	WELL	AL	07/08/2011	LO	045-15620	N. Parachute EF09B-19 C29 59	AL	<input type="checkbox"/>
295207	WELL	PR	02/11/2011	GW	045-15708	N.PARACHUTE EF10B-20 C29 59	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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: _____

<b><u>Location</u></b>
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<b><u>Lease Road:</u></b>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Fallen rock on road. Continue clearing of rocks.		

<b><u>Signs/Marker:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			
BATTERY	ACTION REQUIRED	No battery sign at entrance or on location.	Install sign to comply with rule 210.b.	04/29/2016

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

Comment: 800-791-7691

Corrective Action: \_\_\_\_\_

<b><u>Good Housekeeping:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b><u>Spills:</u></b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<b><u>Fencing/:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<b><u>Equipment:</u></b>				
Type: Plunger Lift	# 6	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Gas Meter Run	# 12	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Type: Gas Meter Run	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment	Gas lift		
Corrective Action			Date:
Type: Gas Meter Run	# 20	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 3	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: 335692

**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: 352 Type: WELL API Number: 045-15493 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 353 Type: WELL API Number: 045-15490 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 354 Type: WELL API Number: 045-15491 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

Facility ID: 355 Type: WELL API Number: 045-15492 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 367 Type: WELL API Number: 045-15488 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 294653 Type: WELL API Number: 045-15552 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 294658 Type: WELL API Number: 045-15557 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 295207 Type: WELL API Number: 045-15708 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: Conductors and cellars have been closed.

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 \_\_\_\_\_

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
		Ditches	Pass			Continue clearing of ditches of fallen rock
Gravel	Pass					
		Compaction	Pass			
				MHSP	Pass	
		Culverts	Pass			
Berms	Pass					
Compaction	Pass					

S/A/V: SATISFACTOR  
Y

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

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

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

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