

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:
04/19/2016
Document Number:
666802071
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>415718</u>	<u>311645</u>	<u>Murray, Richard</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
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr:	<u>NESW</u>	Sec:	<u>8</u>	Twp:	<u>7S</u>	Range:	<u>93W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/08/2011	661400037	PR	PR	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
278652	WELL	PR	02/16/2006	GW	045-10908	GMR 8-11 (K8W)	PR	<input checked="" type="checkbox"/>
284219	WELL	PR	04/21/2011	GW	045-12101	GMR 8-6 (K8W)	PR	<input checked="" type="checkbox"/>
415712	WELL	PR	12/09/2010	GW	045-19143	GMR 8-6A2 (K8W)	PR	<input checked="" type="checkbox"/>
415713	WELL	PR	10/10/2011	GW	045-19144	GMR 8-12B (K8W)	PR	<input checked="" type="checkbox"/>
415716	WELL	PR	11/18/2010	GW	045-19145	GMR 8-5B1 (K8W)	PR	<input checked="" type="checkbox"/>
415717	WELL	PR	10/10/2011	GW	045-19146	GMR 8-11C (K8W)	PR	<input checked="" type="checkbox"/>
415718	WELL	PR	12/14/2010	GW	045-19147	GMR 8-6A1 (K8W)	PR	<input checked="" type="checkbox"/>
415719	WELL	PR	10/10/2011	GW	045-19148	GMR 8-12C2 (K8W)	PR	<input checked="" type="checkbox"/>
415720	WELL	PR	10/10/2011	GW	045-19149	GMR 8-5C1 (K8W)	PR	<input checked="" type="checkbox"/>
415722	WELL	PR	11/29/2010	GW	045-19150	GMR 8-6D (K8W)	PR	<input checked="" type="checkbox"/>

415723	WELL	PR	07/07/2011	GW	045-19151	GMR 8-11A2 (K8W)	PR	<input checked="" type="checkbox"/>
415724	WELL	PR	08/04/2011	GW	045-19152	GMR 8-11A1 (K8W)	PR	<input checked="" type="checkbox"/>
415725	WELL	PR	11/15/2010	GW	045-19153	GMR 8-5B2 (K8W)	PR	<input checked="" type="checkbox"/>
415728	WELL	PR	10/10/2011	GW	045-19154	GMR 8-12C1 (K8W)	PR	<input checked="" type="checkbox"/>
415729	WELL	PR	11/11/2010	GW	045-19155	GMR 8-5D (K8W)	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>15</u>	Production Pits: _____
Condensate Tanks: <u>8</u>	Water Tanks: _____	Separators: <u>15</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: <u>1</u>	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY	AIRS ID 045-1373-001		

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: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		

Corrective Action		Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Vertical Heated Separator	# 15	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Plunger Lift	# 15	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	400 BBLs	HEATED STEEL AST	39.458840,-107.800314
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	400 BBLs	STEEL AST	39.458832,-107.800832
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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	NO
Comment	

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

Predrill

Location ID: 415718

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>278652</u>	Type: <u>WELL</u>	API Number: <u>045-10908</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
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Producing Well

Comment: Plunger lift

Facility ID: 284219	Type: WELL	API Number: 045-12101	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415712	Type: WELL	API Number: 045-19143	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415713	Type: WELL	API Number: 045-19144	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415716	Type: WELL	API Number: 045-19145	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415717	Type: WELL	API Number: 045-19146	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415718	Type: WELL	API Number: 045-19147	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415719	Type: WELL	API Number: 045-19148	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415720	Type: WELL	API Number: 045-19149	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415722	Type: WELL	API Number: 045-19150	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415723	Type: WELL	API Number: 045-19151	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415724	Type: WELL	API Number: 045-19152	Status: PR	Insp. Status: PR
Producing Well				
Comment: Plunger lift				
Facility ID: 415725	Type: WELL	API Number: 045-19153	Status: PR	Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 415728 Type: WELL API Number: 045-19154 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 415729 Type: WELL API Number: 045-19155 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): Y

Comment: _____
 Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: RANGELAND

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: RANGELAND

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
Retention Ponds	Pass					
		Ditches	Pass			
Gravel	Pass					

Inspector Name: Murray, Richard

		Culverts	Pass			
Berms	Pass					
Rip Rap	Pass					
		Gravel	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT