

**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:

05/05/2016

Document Number:

666802118

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	280541	334232	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: SESE Sec: 26 Twp: 7S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/26/2007	200124302	CO	PR	SATISFACTORY	I		No
09/07/2007	200124895	CO	PR	ACTION REQUIRED	I		Yes
09/07/2007	200118651	CO	PR	ACTION REQUIRED	F		Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
405	WELL	PR	07/27/2008	GW	045-15499	SHIDELER 26-9D (P26W)	PR	<input checked="" type="checkbox"/>
280539	WELL	PR	07/02/2006	GW	045-11285	SHIDELER 26-9 (P26W)	PR	<input checked="" type="checkbox"/>
280541	WELL	PR	07/02/2006	GW	045-11286	SHIDELER 26-16 (P26W)	PR	<input checked="" type="checkbox"/>
294562	WELL	PR	07/19/2008	GW	045-15523	SHIDELER 25-13D (P26W)	PR	<input checked="" type="checkbox"/>
294563	WELL	PR	07/21/2008	GW	045-15522	SHIDELER FEDERAL 36-12C (P26W)	PR	<input checked="" type="checkbox"/>
294565	WELL	PR	07/22/2008	GW	045-15520	SHIDELER FEDERAL 35-9D(P26W)	PR	<input checked="" type="checkbox"/>
294567	WELL	PR	07/25/2008	GW	045-15521	SHIDELER 26-16D (P26W)	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
BATTERY	SATISFACTORY	AIRS ID 045-1226-001		

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: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			
Date:			
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	Chemical units at pig station		
Corrective Action			
Date:			
Type: Plunger Lift	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			
Date:			
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY

Inspector Name: Murray, Richard

Comment			
Corrective Action			Date:
Type: Vertical Heated Separator	# 7	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	1000 BBLS	STEEL AST	,

S/AR	SATISFACTORY	Comment:	Centralized battery
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
-----------	----------

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	5	300 BBLS	STEEL AST	39.410540,-107.734831

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: 280541

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: 405 Type: WELL API Number: 045-15499 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280539 Type: WELL API Number: 045-11285 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 280541 Type: WELL API Number: 045-11286 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**Facility ID: 294562 Type: WELL API Number: 045-15523 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 294563 Type: WELL API Number: 045-15522 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 294565 Type: WELL API Number: 045-15520 Status: PR Insp. Status: PR**Producing Well**Comment: **Plunger lift**Facility ID: 294567 Type: WELL API Number: 045-15521 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:

Lat _____ Long _____

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

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: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? Pass

Inspector Name: Murray, Richard

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 _____

Weeds present _____

Subsidence _____

Comment: _____

Corrective Action: _____

Date _____

Inspector Name: Murray, Richard

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
Drains	Pass					
		Culverts	Pass			
Culverts	Pass					
		Sediment Traps	Pass			
Berms	Pass					
		Rip Rap	Pass			
Ditches	Pass					
Sediment Traps	Pass					
Seeding	Pass					
		Gravel	Pass			
		Ditches	Pass			
Rip Rap	Pass					

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT