

**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:  
08/17/2016  
Document Number:  
666802495  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                        |                          |             |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:        | On-Site Inspection       | 2A Doc Num: |
|                     | <u>302066</u> | <u>383338</u> | <u>Murray, Richard</u> | <input type="checkbox"/> |             |

**Operator Information:**

OGCC Operator Number: 100185  
 Name of Operator: ENCANA OIL & GAS (USA) INC  
 Address: 370 17TH ST STE 1700  
 City: 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:**

**Compliance Summary:**

QtrQtr: NWSW Sec: 26 Twp: 6S Range: 93W

**Inspector Comment:**

Facilities on location ID #279430

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name           | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------------|-------------|-------------------------------------|
| 302066      | WELL | PR     | 01/01/2014  | GW         | 045-18355 | GMU 26-12A2 (L26NW)     | PR          | <input checked="" type="checkbox"/> |
| 302067      | WELL | PR     | 04/12/2011  | GW         | 045-18356 | GMU 27-9A (L26NW)       | PR          | <input checked="" type="checkbox"/> |
| 302068      | WELL | PR     | 02/01/2011  | GW         | 045-18357 | GMU FEE 27-10D2 (L26NW) | PR          | <input checked="" type="checkbox"/> |
| 302069      | WELL | PR     | 05/09/2011  | GW         | 045-18358 | GMU 27-9D1 (L26NW)      | PR          | <input checked="" type="checkbox"/> |
| 302070      | WELL | PR     | 02/01/2011  | GW         | 045-18359 | GMU 27-9C (L26NW)       | PR          | <input checked="" type="checkbox"/> |
| 302071      | WELL | PR     | 02/01/2011  | GW         | 045-18360 | GMU 27-9D2 (L26NW)      | PR          | <input checked="" type="checkbox"/> |
| 302072      | WELL | PR     | 09/10/2010  | GW         | 045-18361 | GMU FEE 27-16A (L26NW)  | PR          | <input checked="" type="checkbox"/> |

**Equipment:**

Location Inventory

|                             |                        |                     |                         |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____   | Wells: _____        | Production Pits: _____  |
| Condensate Tanks: _____     | Water Tanks: _____     | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Motors: _____ | 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**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

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

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

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

| <b>Good Housekeeping:</b> |                              |          |                   |         |
|---------------------------|------------------------------|----------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment  | Corrective Action | CA Date |
| WEEDS                     | SATISFACTORY                 | Use BMPs |                   |         |

**Spills:**

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

| <b>Equipment:</b>               |     |                               |              |       |  |
|---------------------------------|-----|-------------------------------|--------------|-------|--|
| Type: Vertical Heated Separator | # 7 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment:                        |     |                               |              |       |  |
| Corrective Action:              |     |                               |              | Date: |  |
| Type: Plunger Lift              | # 7 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment:                        |     |                               |              |       |  |
| Corrective Action:              |     |                               |              | Date: |  |
| Type: Pig Station               | # 1 | Satisfactory/Action Required: | SATISFACTORY |       |  |
| Comment:                        |     |                               |              |       |  |
| Corrective Action:              |     |                               |              | Date: |  |
| Type: Gas Meter Run             | # 1 | 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: 302066  
 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: 302066 Type: WELL API Number: 045-18355 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 302067 Type: WELL API Number: 045-18356 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 302068 Type: WELL API Number: 045-18357 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 302069 Type: WELL API Number: 045-18358 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 302070 Type: WELL API Number: 045-18359 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 302071 Type: WELL API Number: 045-18360 Status: PR Insp. Status: PR

**Producing Well**

Comment: **Plunger lift**

Facility ID: 302072 Type: WELL API Number: 045-18361 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: \_\_\_\_\_

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 \_\_\_\_\_

Weeds present \_\_\_\_\_ Subsidence \_\_\_\_\_

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

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

Overall Final Reclamation \_\_\_\_\_ Well Release on Active Location  Multi-Well Location

| <b>Storm Water:</b> |                 |                         |                       |               |                          |         |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs    | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Berms               | Pass            |                         |                       |               |                          |         |
|                     |                 | Gravel                  | Pass                  |               |                          |         |
|                     |                 | Ditches                 | Pass                  |               |                          |         |
| Gravel              | Pass            |                         |                       |               |                          |         |
| Retention Ponds     | Pass            |                         |                       |               |                          |         |
|                     |                 | Culverts                | Pass                  |               |                          |         |
|                     |                 | Sediment Traps          | Pass                  |               |                          |         |
| Seeding             | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTORY                      Corrective Date: \_\_\_\_\_

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

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

**Pits:**     NO SURFACE INDICATION OF PIT