

**FORM
INSP**

Rev
X/15

**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:

09/19/2016

Submitted Date:

09/19/2016

Document Number:

675203293

FIELD INSPECTION FORM

Loc ID 322480 Inspector Name: CONKLIN, CURTIS On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

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-

Findings:

- 4 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
Encana,		cogcc.inspections@encana.com	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210591	WELL	PR	01/23/2001	GW	045-06347	TATE FEDERAL 6212	PR

General Comment:

Empty text area for general comments.

Location

Lease Road:

	Type Access		
comment:	Satisfactory		
Corrective Action:			Date:

Overall Good:

Signs/Marker:

	Type WELLHEAD		
Comment:	Satisfactory		
Corrective Action:			Date:
	Type TANK LABELS/PLACARDS		
Comment:	Satisfactory		
Corrective Action:			Date:

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Overall Good:

Spills:

Type	Area	Volume			

In Containment: No

Comment: _____

Multiple Spills and Releases?

Fencing/:

	Type SEPARATOR		
Comment:			
Corrective Action:			Date:
	Type TANK BATTERY		
Comment:			
Corrective Action:			Date:
	Type WELLHEAD		
Comment:			
Corrective Action:			Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tanak ID	SE GPS
PRODUCED WATER	1	200 BBLS	STEEL AST		,
Comment:					
Corrective Action:					Date:

Paint

Condition	Adequate
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Other (Content)	
Other (Capacity)	
Other (Type)	

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities

Facility ID: 210591 Type: WELL API Number: 045-06347 Status: PR Insp. Status: PR

Reclamation - Storm Water - Pit

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
Compaction	Pass	Compaction	Pass			

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT