

**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:

03/02/2017

Submitted Date:

03/02/2017

Document Number:

680401174**FIELD INSPECTION FORM**
 Loc ID 335228 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Status Summary:

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

Findings:8 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Operator Information:**OGCC Operator Number: 100185Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 143 DIAMOND AVECity: PARACHUTE State: CO Zip: 81635**Contact Information:**

Contact Name	Phone	Email	Comment
Contact, General		cogcc.inspections@encana.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
210297	WELL	SI	03/02/2010	DSPW	045-06053	BENZEL DISPOSAL 1	SI
262615	WELL	PR	09/04/2002	GW	045-08043	BENZEL 36-3A1 (B36)	PR
262616	WELL	PR	04/05/2004	GW	045-08044	ALP 25-15A1 (B36)	PR
262617	WELL	PR	09/04/2002	GW	045-08045	BENZEL 36-2B (B36)	PR
262618	WELL	PR	08/27/2002	GW	045-08042	BENZEL 36-2A (B36)	PR
262619	WELL	PR	08/27/2002	GW	045-08041	BENZEL 36-6A (B36)	PR

General Comment:

Routine UIC Inspection.

Location**Lease Road:**

Type	Access		
comment:			
Corrective Action		Date:	
Type	Main		
comment:			
Corrective Action		Date:	

Overall Good: ☐**Signs/Marker:**

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

Emergency Contact Number:

Comment:		
Corrective Action:		Date: _____

Overall Good: ☒**Spills:**

Type	Area	Volume		
------	------	--------	--	--

In Containment: No

Comment: ☐ Multiple Spills and Releases?**Equipment:**

Type: Horizontal Heated Separator	# 1		corrective date
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
GLYCOL	1	100 BBLS	STEEL AST		39.488703,-107.721144
Comment:					
Corrective Action:					Date:

Paint

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

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:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	STEEL AST		39.525003,-107.722064
Comment:					
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	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 FacilitiesFacility ID: 210297 Type: WELL API Number: 045-06053 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 1000 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR

TC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 09/15/2014

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Routine UIC Inspection. Well Shut in. Last MIT 9/15/2014.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 262615 Type: WELL API Number: 045-08043 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

Corrective Action: _____ Date: _____

Facility ID: 262616 Type: WELL API Number: 045-08044 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

Corrective Action: _____ Date: _____

Facility ID: 262617 Type: WELL API Number: 045-08045 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

Corrective Action: _____ Date: _____

Facility ID: 262618 Type: WELL API Number: 045-08042 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

Corrective Action: _____ Date: _____

Facility ID: 262619 Type: WELL API Number: 045-08041 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

Corrective Action:		Date:	
--------------------	--	-------	--

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	Ditches	Pass			
Berms	Pass	Gravel	Pass			

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
401224158	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4089364