

**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:

03/30/2017

Submitted Date:

03/30/2017

Document Number:

680401278

**FIELD INSPECTION FORM**

Loc ID 312691 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

**Operator Information:**

OGCC Operator Number: 100185  
Name of Operator: ENCANA OIL & GAS (USA) INC  
Address: 143 DIAMOND AVE  
City: PARACHUTE State: CO Zip: 81635

**Findings:**

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

**Contact Information:**

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

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name              | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------------|-------------|
| 271694      | WELL | SI     | 07/08/2008  | DSPW       | 077-08801 | ORCHARD FEDERAL DISPOSAL 1 | SI          |

**General Comment:**

UIC-5 yr MIT.

**Location**

|                    |        |  |       |
|--------------------|--------|--|-------|
| <b>Lease Road:</b> |        |  |       |
| Type               | Access |  |       |
| comment:           |        |  |       |
| Corrective Action  |        |  | Date: |
| Type               | Main   |  |       |
| comment:           |        |  |       |
| Corrective Action  |        |  | Date: |

Overall Good:

|                      |                      |  |       |
|----------------------|----------------------|--|-------|
| <b>Signs/Marker:</b> |                      |  |       |
| Type                 | TANK LABELS/PLACARDS |  |       |
| Comment:             |                      |  |       |
| Corrective Action:   |                      |  | Date: |
| Type                 | WELLHEAD             |  |       |
| Comment:             |                      |  |       |
| Corrective Action:   |                      |  | Date: |
| Type                 | BATTERY              |  |       |
| Comment:             |                      |  |       |
| Corrective Action:   |                      |  | Date: |

Emergency Contact Number:

Comment:

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

Overall Good:

|                |      |        |  |  |
|----------------|------|--------|--|--|
| <b>Spills:</b> |      |        |  |  |
| Type           | Area | Volume |  |  |

In Containment: No

Comment:

Multiple Spills and Releases?

|                    |                          |  |       |
|--------------------|--------------------------|--|-------|
| <b>Fencing/:</b>   |                          |  |       |
| Type               | WELLHEAD                 |  |       |
| Comment:           | UIC well inside housing. |  |       |
| Corrective Action: |                          |  | Date: |
| Type               | LOCATION                 |  |       |
| Comment:           |                          |  |       |
| Corrective Action: |                          |  | Date: |

|                           |           |  |                 |
|---------------------------|-----------|--|-----------------|
| <b>Equipment:</b>         |           |  | corrective date |
| Type: Ancillary equipment | # 1       |  |                 |
| Comment:                  | Generator |  |                 |
| Corrective Action:        |           |  | Date:           |

|                     |                     |       |
|---------------------|---------------------|-------|
| Type: Prime Mover   | # 1                 |       |
| Comment:            | Pump inside housing |       |
| Corrective Action:  |                     | Date: |
| Type: Gas Meter Run | # 1                 |       |
| Comment:            |                     |       |
| Corrective Action:  |                     | Date: |

**Tanks and Berms:**

| Contents           | # | Capacity | Type      | Tank ID | SE GPS                |
|--------------------|---|----------|-----------|---------|-----------------------|
| PRODUCED WATER     | 6 | 400 BBLs | STEEL AST |         | 39.320371,-108.122561 |
| Comment:           |   |          |           |         |                       |
| Corrective Action: |   |          |           |         | Date:                 |

**Paint**

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

**Berms**

| Type               | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|--------------------|----------|---------------------|---------------------|-------------|
| Concrete           | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |
| Comment:           |          |                     |                     |             |
| Corrective Action: |          |                     |                     | Date:       |

**Venting:**

|                    |       |
|--------------------|-------|
| Yes/No             | NO    |
| Comment:           |       |
| Corrective Action: | Date: |

**Flaring:**

|                    |       |
|--------------------|-------|
| Type               |       |
| Comment:           |       |
| Corrective Action: | Date: |

**Inspected Facilities**

Facility ID: 271694 Type: WELL API Number: 077-08801 Status: SI Insp. Status: SI

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

|            |   |                              |                             |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____<br>(e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____                   |
| TC:        | Pressure or inches of Hg _____                              | Previous Test Pressure _____ | Inj Zone: <u>WMFK</u>       |
| Brhd:      | Pressure or inches of Hg _____                              | Previous Test Pressure _____ | Last MIT: <u>04/04/2012</u> |
|            |   |                              | AnnMTReq: _____             |

Comment:

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

Method of Injection: \_\_\_\_\_

Test Type: 5 Year Tbg psi: -3 Csg psi: 703 BH psi: 0

Insp. Status: Pass

Comment:

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                  | Self Inspection | 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   |
|--------------|----------------------|---|
| 401247559    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4112736">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4112736</a> |