

**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:

08/04/2017

Submitted Date:

08/06/2017

Document Number:

680401735**FIELD INSPECTION FORM**

Loc ID 334323 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 100185Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 143 DIAMOND AVECity: PARACHUTE State: CO Zip: 81635**Status Summary:**

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

Findings:4 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**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 |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 272744 | WELL | SI | 04/01/2017 | DSPW | 045-10146 | MCU DISPOSAL 3 | SI |

General Comment:UIC-5 yr MIT.

Location**Lease Road:**

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

Overall Good: ☒**Signs/Marker:**

| | | | |
|--------------------|----------|-------|--|
| 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?**Fencing/:**

| | | | |
|--------------------|--------------------------|-------|--|
| Type | WELLHEAD | | |
| Comment: | Wellhead inside housing. | | |
| Corrective Action: | | Date: | |

Venting:

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

Flaring:

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

Inspected FacilitiesFacility ID: 272744 Type: WELL API Number: 045-10146 Status: SI Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|---|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg) | Previous Test Pressure _____ | MPP _____ |
| TC: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Inj Zone: <u>WSTC</u> |
| Brhd: | Pressure or inches of Hg _____ | Previous Test Pressure _____ | Last MIT: <u>08/07/2012</u> |
| | | | AnnMTReq: _____ |

Comment: _____

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: Verification of Repairs Tbg psi: 110 Csg psi: 972 BH psi: _____

Insp. Status: _____

Comment: UIC-5 yr MIT. Verification of repairs.
Set csg patch @ 3300'. R/R tubing & packer.
Pressure well to 972 psi. Hold for 15 min. Final pressure 964 psi. -8 psi loss. OK

Corrective Action: _____ Date: _____