

**FORM
INSP**Rev
05/11**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Inspection Date:

01/26/2012

Document Number:

663800101

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>271441</u>	<u>334613</u>		<u>LONGWORTH, MIKE</u>

Operator Information:OGCC Operator Number: 100185 Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 370 17TH ST STE 1700City: DENVERState: COZip: 80202-**Contact Information:**

Contact Name	Phone	Email	Comment
Friesen, Kathy	970-285-2665	Kathy.Friesen@EnCana.com	

Compliance Summary:QtrQtr: NWSW Sec: 25 Twp: 7S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
06/04/2008	200192107	PR	PR	S			N
03/28/2006	200088847	PR	WO	S		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
271441	WELL	PR	07/11/2004	GW	045-09880	SHIDELER 25-12 (L25W)	<input checked="" type="checkbox"/>
271446	WELL	PR	07/07/2004	GW	045-09885	SHIDELER 25-14 (L25W)	<input checked="" type="checkbox"/>
281337	WELL	PR	08/10/2007	GW	045-11431	SHIDELER 25-14D (L25W)	<input checked="" type="checkbox"/>
281339	WELL	PR	05/13/2010	LO	045-11432	SHIDELER 25-13(L25W)	<input checked="" type="checkbox"/>
290408	WELL	PR	05/09/2011	LO	045-14108	SHIDELER 25-14A (L25W)	<input checked="" type="checkbox"/>
290409	WELL	PR	08/13/2007	GW	045-14107	SHIDELER 25-12C(L25W)	<input checked="" type="checkbox"/>
293457	WELL	PR	07/06/2008	GW	045-15000	SHIDELER 25-6 (L25W)	<input checked="" type="checkbox"/>
293458	WELL	PR	07/02/2008	GW	045-15001	SHIDELER 25-6C (L25W)	<input checked="" type="checkbox"/>
293459	WELL	PR	07/02/2008	GW	045-15002	SHIDELER 25-11D(L25W)	<input checked="" type="checkbox"/>
293613	WELL	PR	07/19/2008	GW	045-15070	SHIDELER FEDERAL 25-5C (L25W)	<input checked="" type="checkbox"/>
294006	WELL	PR	12/19/2007	LO	045-15198	SHIDELER FEDERAL 26-8C1 (L25W)	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: LONGWORTH, MIKE

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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Unsatisfactory	HMU Shideler 25-12 has incorrect Api # on sign	Correct Api#	02/29/2012

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	1	Satisfactory			
Horizontal Heated Separator	10	Satisfactory			
Bird Protectors	4	Satisfactory			
Plunger Lift	10	Satisfactory			
Plunger Lift	1	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	500 BBLS	STEEL AST	,
S/U/V:	Satisfactory		Comment:	
Corrective Action:			Corrective Date:	
<u>Paint</u>				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action			Corrective Date	
Comment				
Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	39.414690,107.728870
S/U/V:			Comment:	
Corrective Action:			Corrective Date:	
<u>Paint</u>				
Condition				
Other (Content) _____				
Other (Capacity) _____				
Other (Type) _____				
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action			Corrective Date	
Comment				
Venting:				
Yes/No		Comment		
NO				
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334613

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Wildlife BMPs:****Stormwater:****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:**Well**

Facility ID: 271441 API Number: 045-09880 Status: PR Insp. Status: PR

Facility ID: 271446 API Number: 045-09885 Status: PR Insp. Status: PR

BradenHead

Comment: 60 psi on braden

CA: _____

CA Date: _____

Facility ID: 281337 API Number: 045-11431 Status: PR Insp. Status: PR

Facility ID: 281339 API Number: 045-11432 Status: PR Insp. Status: PR

Facility ID: 290408 API Number: 045-14108 Status: PR Insp. Status: PR

Facility ID: 290409 API Number: 045-14107 Status: PR Insp. Status: PR

Inspector Name: LONGWORTH, MIKE

Facility ID: 293457 API Number: 045-15000 Status: PR Insp. Status: PR

BradenHead

Comment: 80 psi on braden

CA:

CA Date:

Facility ID: 293458 API Number: 045-15001 Status: PR Insp. Status: PR

Facility ID: 293459 API Number: 045-15002 Status: PR Insp. Status: PR

Facility ID: 293613 API Number: 045-15070 Status: PR Insp. Status: PR

Facility ID: 294006 API Number: 045-15198 Status: PR Insp. Status: PR

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):

Comment:

Pilot: Wildlife Protection Devices (fired vessels):

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use:

Comment:

1003a. Debris removed? CM

CA CA Date

Waste Material Onsite? CM

CA CA Date

Unused or unneeded equipment onsite? CM

CA CA Date

Pit, cellars, rat holes and other bores closed? CM

CA _____ CA Date _____
 Guy line anchors removed? _____ 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 _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

Inspector Name: LONGWORTH, MIKE

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____