

Inspector Name: HICKEY, MIKE

**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:

02/09/2012

Document Number:

658500172

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>412701</u>	<u>332743</u>		<u>HICKEY, 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
Berlin, John		john.berlin@encana.com	

Compliance Summary:QtrQtr: SENE Sec: 10 Twp: 3N Range: 65W**Inspector Comment:**

Routine inspection of API #05-123-30559, Aristocrat Angus # 6-4-10. New well has been on production since November of 2010.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
248871	WELL	PR	03/30/2004	GW	123-16673	ARISTOCRAT ANGUS 42-10	<input checked="" type="checkbox"/>
278112	WELL	PR	06/25/2010	GW	123-23015	ARISTOCRAT ANGUS 7-2-10	<input checked="" type="checkbox"/>
282000	LEASE	PR	11/22/2005		-	ARISTOCRAT ANGUS 7-2-10	<input type="checkbox"/>
332743	LOCATION	AC	04/14/2009		-	ARISTOCRAT ANGUS-63N65W 10SENE	<input type="checkbox"/>
412701	WELL	PR	11/30/2010	LO	123-30559	ARISTOCRAT ANGUS 6-4-10	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
Equipment:				
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action
Plunger Lift	1	Satisfactory		
Venting:				
Yes/No	Comment			
Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
<u>Predrill</u>				
Location ID: 332743				
<u>Site Preparation:</u>				
Lease Road Adeq.:		Pads:	Soil Stockpile:	
Corrective Action:			Date:	CDP Num.:
<u>Form 2A COAs:</u>				
<u>Wildlife BMPs:</u>				
<u>Stormwater:</u>				
<u>Comment:</u>				
<u>Staking:</u>				
<u>On Site Inspection (305):</u>				
<u>Surface Owner Contact Information:</u>				
Name:		Address:		
Phone Number:		Cell Phone:		
<u>Operator Rep. Contact Information:</u>				
Landman Name:		Phone Number:		
Date Onsite Request Received:		Date of Rule 306 Consultation:		
Request LGD Attendance:				
<u>LGD Contact Information:</u>				
Name:		Phone Number:	Agreed to Attend:	
<u>Summary of Landowner Issues:</u>				
<u>Summary of Operator Response to Landowner Issues:</u>				
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>				

Well

Facility ID: 248871 API Number: 123-16673 Status: PR Insp. Status: PR

Facility ID: 278112 API Number: 123-23015 Status: PR Insp. Status: PR

Facility ID: 412701 API Number: 123-30559 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:

Lat _____ Long _____

DWR Receipt Num: _____ Owner Name: _____ GPS : _____

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 _____

Inspector Name: HICKEY, MIKE

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

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____