

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		DE	ET	OE	ES
	Inspection Date: <u>02/27/2012</u>					

FIELD INSPECTION FORM				
Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>Baroumand, Soraya</u>
	<u>291191</u>	<u>334736</u>		

Operator Information:

OGCC Operator Number: 100185 Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: DENVER State: CO Zip: 80202-

Contact Information:

Contact Name	Phone	Email	Comment
Friesen, Kathy	(970) 285-2665	Kathy.Friesen@encana.com	Environmental Lead Piceance

Compliance Summary:

QtrQtr: SESW Sec: 3 Twp: 7S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/01/2011	200309044	PR	PR	U			Y
11/25/2007	200122639	CC	DG	S	I		N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
291185	WELL	PR	02/29/2008	OW	045-14320	CHEROKEE MOUNTAIN ESTATES 3-14C (N3E)	<input checked="" type="checkbox"/>
291187	WELL	PR	02/06/2008	OW	045-14319	CHEROKEE MOUNTAIN ESTATES 3-14D (N3E)	<input checked="" type="checkbox"/>
291191	WELL	PR	03/19/2008	LO	045-14318	CHEROKEE MOUNTAIN ESTATES 3-14B (N3E)	<input checked="" type="checkbox"/>
292499	WELL	PR	01/31/2008	GW	045-14746	CHEROKEE MOUNTAIN ESTATES 3-15 (N3E)	<input checked="" type="checkbox"/>
292501	WELL	PR	02/09/2008	GW	045-14747	CHEROKEE MOUNTIAN ESTATES 10-3 (N3E)	<input checked="" type="checkbox"/>
293735	WELL	PR	01/29/2008	GW	045-15124	CHEROKEE MOUNTAIN ESTATES 3-15A (N3E)	<input checked="" type="checkbox"/>
334736	LOCATION	AC	04/14/2009		-	CHEROKEE MOUNTAIN ESTATES-67S92W 3SESW	<input type="checkbox"/>

Equipment: Location Inventory

Inspector Name: Baroumand, Soraya

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			
TANK LABELS/PLACARDS	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
LOCATION	Satisfactory	5 strand barbed-wire		
TANK BATTERY	Satisfactory	panels		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	1	Satisfactory			
Vertical Heated Separator	6	Satisfactory			
Bird Protectors		Satisfactory			

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	<100 BBLS	STEEL AST	,

S/U/V: Unsatisfactory Comment: _____

Corrective Action: install secondary containment for the tank hooked up to well # 045-14747 Corrective Date: **04/02/2012**

Paint

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

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action _____ Corrective Date _____

Comment _____

Tanks/Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	500 BBLS	STEEL AST	,

S/U/V: _____ Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

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

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334736

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: <u>291185</u>	API Number: <u>045-14320</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291187</u>	API Number: <u>045-14319</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>291191</u>	API Number: <u>045-14318</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>292499</u>	API Number: <u>045-14746</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>292501</u>	API Number: <u>045-14747</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Facility ID: <u>293735</u>	API Number: <u>045-15124</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>

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: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200218789	LIVESTOCK	BALDWIN, DEBBIE	Mr. Edgington called the COGCC on 9/19/09, asking for assistance in investigating his allegation that his cattle had been impacted by ingesting fluids at an Encana production facility. On or about 3/5/09 a gate was left open and cattle got into a fenced production facility. It appears that the cattle drank water or other fluids.	09/23/2009

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? Pass CM _____
 CA _____ CA Date _____
 Waste Material Onsite? Pass CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? Pass CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

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? _____

Inspector Name: Baroumand, Soraya

Production areas have been stabilized? Pass

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? P

Comment: _____

Overall Interim Reclamation Pass

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
Other	Pass					rock wall
Berms	Pass					high perimeter berms

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____