

**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:

04/03/2012

Document Number:

663800240

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>276472</u>	<u>335804</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: NENE Sec: 28 Twp: 5S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
276472	WELL	PR	12/19/2006	LO	045-10474	N.PARACHUTE EF02B A2B 595	<input checked="" type="checkbox"/>
276473	WELL	PR	02/01/2011	GW	045-10475	N. PARACHUTE EF07B A28 595	<input checked="" type="checkbox"/>
276474	WELL	PR	04/18/2006	OW	045-10476	N.PARACHUTE EF08B A28 595	<input checked="" type="checkbox"/>
277383	WELL	PR	04/21/2006	GW	045-10697	N. PARACHUTE EF07D A28 595	<input checked="" type="checkbox"/>
277384	WELL	PR	04/02/2006	OW	045-10698	N. PARACHUTE EF01B A28 595	<input checked="" type="checkbox"/>
277385	WELL	PR	04/21/2006	GW	045-10699	N. PARACHUTE EF15D A28 595	<input checked="" type="checkbox"/>
277435	WELL	PR	05/31/2007	GW	045-10702	N. PARACHUTE EF02D A28 595	<input checked="" type="checkbox"/>
277436	WELL	PR	05/22/2007	GW	045-10703	N. PARACHUTE EF15B A28 595	<input type="checkbox"/>
278620	PIT	AC	06/30/2005	-	-	NP A28 595	<input type="checkbox"/>
335804	LOCATION	AC	04/14/2009	-	-	N.PARACHUTE-65S95W 28NENE	<input type="checkbox"/>
425547	PIT		09/19/2011	-	-	A28 595	<input 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
Main	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY				
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			
CONTAINERS	Satisfactory			

Emergency Contact Number: (S/U/V) _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory		pick up location	04/18/2012

Spills:

Type	Area	Volume	Corrective action	CA Date
Lube Oil	WELLHEAD	<= 5 bbls	clean up and remediate spills around wells	04/18/2012

☒ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	8	Satisfactory			
Bird Protectors	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Gas Meter Run	2	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Tanks/Berms: ☐ New Tank Tank ID: _____

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

S/U/V:	Satisfactory	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Inadequate	Walls Insufficient	Base Sufficient	Inadequate

Corrective Action	build up and line berm. Berm must hold 110% of the tank volumes.	Corrective Date	04/18/2012
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Comment	
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Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335804

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: 276472 API Number: 045-10474 Status: PR Insp. Status: PR

Facility ID: 276473 API Number: 045-10475 Status: PR Insp. Status: PR

Facility ID: 276474 API Number: 045-10476 Status: PR Insp. Status: PR

Facility ID: 277383 API Number: 045-10697 Status: PR Insp. Status: PR

Facility ID: 277384 API Number: 045-10698 Status: PR Insp. Status: PR

Facility ID: 277385 API Number: 045-10699 Status: PR Insp. Status: PR

Facility ID: 277435 API Number: 045-10702 Status: PR Insp. Status: PR

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Inspector Name: LONGWORTH, MIKE

Comment: <input style="width:700px" type="text"/>			
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:			
<input style="width:300px" type="text"/>			
Sample Location: <input style="width:400px" type="text"/>			
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: <input style="width:750px" type="text"/>			
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			
<u>Cropland</u>			
	Top soil replaced _____	Recontoured _____	Perennial forage re-established _____

Inspector Name: LONGWORTH, MIKE

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: _____

Permit:	Facility ID	Permit Num	Expiration Date
	278620	1433001	
	278620	1433001	