

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

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE	ET	OE	ES
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Inspection Date:

04/19/2012

Document Number:

666800004

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>422588</u>	<u>422588</u>		<u>ASH, MARGARET</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
WALTER, JUDITH		Judith.Walter@encana.com	ENCANA REGULATORY
		jgetty@mtech.edu	
ALLEN, CINDY		Cindy.Allen@encana.com	ENCANA ENVIRONMENTAL EAST

Compliance Summary:QtrQtr: SWNW Sec: 19 Twp: 2N Range: 68W**Inspector Comment:**

this is a test and will be deleted from the record.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
422581	WELL	XX	04/08/2011		123-33313	Ross 4-2-19	X
422585	WELL	XX	04/08/2011		123-33314	Ross 11-19	X
422588	LOCATION	AC	04/08/2011		-	Ross 62N68W 19SWNW Multi Well Pad	
422591	WELL	XX	04/08/2011		123-33315	Ross 12-19	
422594	WELL	XX	04/08/2011		123-33317	Ross 2-4-19	
422598	WELL	XX	04/08/2011		123-33318	Ross 0-2-19	

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>5</u>	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	<u>Unsatisfactory</u>		<u>xxxxx</u>	<u>04/30/2012</u>

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Unsatisfactory		Install sign to comply with rule 210.b.	04/23/2012
WELLHEAD	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Satisfactory			

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 422588

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**Comment:** _____**CA:** _____**Date:** _____**Wildlife BMPs:****Comment:** _____**CA:** _____**Date:** _____**Stormwater:**

Erosion BMPs	Present	Other BMPs	Present
WADDLES	Yes		

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____

Other BMPs: _____

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:**Facility**

Facility ID: 422581 Type: WELL API Number: 123-33313 Status: XX Insp. Status: XX

Complaint

Comment: _____

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____
 Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____
 Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids**Management:**

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____
 Multi-Well: _____ Disposal Location: _____

Comment:

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____
 Other: _____

Observation:

Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Cement**Cement Contractor**

Contractor Name: _____ Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____ Circulate to Surface: _____
 Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sx): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____ Cement Volume (sx): _____

Good Return During Job: _____ Cement Type: _____

Comment:

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 422585 Type: WELL API Number: 123-33314 Status: XX Insp. Status: XX

Complaint

Comment: _____

Cement**Cement Contractor**

Contractor Name: _____

Contractor Phone: _____

Surface Casing

Cement Volume (sx): _____

Circulate to Surface: _____

Cement Fall Back: _____

Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____

Good Return During Job: _____

Production Casing

Cement Volume (sx): _____

Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): _____

Cement Volume (sx): _____

Good Return During Job: _____

Cement Type: _____

Comment: _____

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:

Inspector Name: ASH, MARGARET

Temperature	pH	Corrective action	Depth to Water	DO	Time	

Sample Location: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200337050	DUST	ASH, MARGARET	PAD CONSTRUCTION IS CAUSING DUST.	01/10/2012
200337050	ROADS	ASH, MARGARET	COMPLAINANT INDICATED THAT PAD CONSTRUCTION IS CAUSING DIRT AND MUD TO BE TRACKED ON COUNTY ROAD AND THAT THE STREET SWEEPER USED TO TAKE MATERIAL OFF THE ROAD IS GENERATING DUST. PROBLEMS.	01/10/2012
200338802	ROADS	ASH, MARGARET	ROAD DAMAGE - MANY MANY HEAVY TRUCKS HAULING DIRT TOW WELL DRILL SITE HAVE TURNED EAST COUNTY LINE ROAD INTO A WASHBOARD. IT SHOULD BE REPAIRED BY ENCANA WHO HAS CAUSED THE DAMAGE (NOTE THIS WILL PRESUMABLY GET WORSE AS THEY BEGIN TO Haul THE HUGE AMOUNTS OF WATER THEY WILL USE FOR FRACING)	01/25/2012
200338806	NOISE	PRECUP, JIM	LOAD CONTINUOUS NOISE SINCE JAN 9TH. LOTS OF TRUCKS COMING AND GOING. LOAD DRILLING NOISES - SOUND LIKE A JACK HAMMER BEING OPERATED UNDER MY HOUSE.	01/23/2012
200338806	ROADS	PRECUP, JIM	LOTS OF TRUCKS COMING AND GOING.	01/23/2012
200339999	DUST	PRECUP, JIM	COMPLAINANT SAID ACTIVITY ON THIS PAD AND NEW PAD CONSTRUCTION WERE CAUSING DUST PROBLEM.	02/02/2012
200340418	WATER WELL	LINDBLOM, STEVE	Jeannie DeMarinis is concerned about a water well inside laundry room of house at 8381 EBCR. The well has been covered over with concrete that is cracked. concerned that methane might migrate up through the well.	01/25/2012
200343250	SPILLS	PRECUP, JIM	NEARBY SURFACE OWNER CALLED JIM PRECUP ON SAT. MARCH 3, 2012 ABOUT A SPILL ON AN ENCANA LEASE ROAD. COMPLAINANT INDICATED THEY THOUGHT IT WAS PRODUCED WATER.	03/05/2012

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: IRRIGATED

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 REVEGETATIONCropland

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: IRRIGATED _____

Reminder: _____

Comment: _____

Well plugged _____ Pass _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads _____ Regraded _____ Fail _____ 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: ASH, MARGARET

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____

Pits:

Pit Type: _____ Lined: _____ Pit ID: _____ Lat: _____ Long: _____

Lining:

Liner Type: _____ Liner Condition: _____

Comment: _____

Fencing:

Fencing Type: _____ Fencing Condition: _____

Comment: _____

Netting:

Netting Type: _____ Netting Condition: _____

Comment: _____

Anchor Trench Present: _____ Oil Accumulation: _____ 2+ feet Freeboard: _____

Pit (S/U/V): _____ Comment: _____

Corrective Action: _____ Date: _____