

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: 08/22/2012

Document Number: 663800469

Overall Inspection: Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>271008</u>	<u>334635</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	cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr: NESE Sec: 15 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)
03/22/2005	200069250	PR	PR	S		P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
270994	WELL	PR		GW	045-09810	PARKER 15-9A (I15W)	<input checked="" type="checkbox"/>
271002	WELL	PR	06/25/2004	GW	045-09814	PARKER 14-5C (I15W)	<input checked="" type="checkbox"/>
271003	WELL	PR		GW	045-09815	PARKER 15-16A (I15W)	<input checked="" type="checkbox"/>
271004	WELL	PR		GW	045-09816	PARKER 15-16D (I15W)	<input checked="" type="checkbox"/>
271005	WELL	PR		GW	045-09817	PARKER 15-9C (15W)	<input checked="" type="checkbox"/>
271006	WELL	PR	06/22/2004	GW	045-09818	PARKER 14-12A (I15W)	<input checked="" type="checkbox"/>
271007	WELL	PR	06/22/2004	GW	045-09819	PARKER 14-13A (I15W)	<input checked="" type="checkbox"/>
271008	WELL	PR	06/22/2004	GW	045-09820	PARKER 14-11C (I15W)	<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					
Lease Road:					
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date	
Access	Satisfactory				
Main	Satisfactory				
Signs/Marker:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
TANK LABELS/PLACARDS	Satisfactory				
CONTAINERS	Satisfactory				
BATTERY	Satisfactory				
WELLHEAD	Satisfactory	no legal discription			
Emergency Contact Number: <u>(S/U/V)</u> <u>Satisfactory</u> Corrective Date: _____					
Comment: _____					
Corrective Action: _____					
Good Housekeeping:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
WEEDS	Satisfactory	Continue weed control			
TRASH	Satisfactory	deadmen markers cut/broken off need to be disposed of			
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	Cattle panels			
Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	2	Satisfactory			
Plunger Lift	8	Satisfactory			
Deadman # & Marked		Unsatisfactory	Deadmen are unmarked and markers are laying around location.	Marker or remove deadmen	09/14/2012
Horizontal Heated Separator	8	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 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
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	500 BBLS	STEEL AST	39.444720,107.755720
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				

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334635

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

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: 270994 Type: WELL API Number: 045-09810 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 271002 Type: WELL API Number: 045-09814 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271003 Type: WELL API Number: 045-09815 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271004 Type: WELL API Number: 045-09816 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271005 Type: WELL API Number: 045-09817 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271006 Type: WELL API Number: 045-09818 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271007 Type: WELL API Number: 045-09819 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271008 Type: WELL API Number: 045-09820 Status: PR Insp. Status: PR

Producing Well

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:

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? 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? _____ CM _____ CA _____ CA Date _____

- 1003b. Area no longer in use? In Production areas stabilized? Pass
1003c. Compacted areas have been cross ripped? Pass
1003d. Drilling pit closed? Pass 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? In
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 In Process

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 _____

Inspector Name: LONGWORTH, MIKE

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

Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Berms	Pass			
Drains	Pass	Ditches	Pass			
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Drains	Pass			
Ditches	Pass	Culverts	Pass			
Seeding	Pass	Retention Ponds	Pass			
Gradient Terraces	Pass	Rip Rap	Pass			
Retention Ponds	Pass	Gravel	Pass			

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: _____

CA: _____