

**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 |
|----|----|----|----|

Inspection Date:

09/27/2012

Document Number:

663800514

Overall Inspection:

**Unsatisfactory****FIELD INSPECTION FORM**

|                     |               |               |               |                        |
|---------------------|---------------|---------------|---------------|------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:        |
|                     | <u>265889</u> | <u>334622</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 | cogcc.inspections@encana.com |         |
| FISCHER, ALEX  |              | alex.fischer@state.co.us     |         |

**Compliance Summary:**QtrQtr: NWNW Sec: 14 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 01/11/2005 | 200067659 | PR         | PR          | S                            |          | P              | N               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name           |   |
|-------------|------|--------|-------------|------------|-----------|-------------------------|---|
| 265888      | WELL | PR     | 07/26/2003  | OW         | 045-09081 | ROSE RANCH 14-4 (D14)   | X |
| 265889      | WELL | PR     | 07/26/2003  | OW         | 045-09080 | ROSE RANCH 15-7A (D14)  | X |
| 265891      | WELL | PR     | 07/27/2003  | OW         | 045-09088 | ROSE RANCH 14-3C (D14)  | X |
| 265892      | WELL | PR     | 08/20/2003  | OW         | 045-09087 | ROSE RANCH 14-6B (D14)  | X |
| 265893      | WELL | PR     | 08/31/2003  | OW         | 045-09086 | ROSE RANCH 15-8 (D14)   | X |
| 265895      | WELL | PR     | 07/24/2003  | OW         | 045-09084 | ROSE RANCH 11-13 (D14)  | X |
| 265896      | WELL | PR     | 08/10/2003  | OW         | 045-09083 | ROSE RANCH 14-5B (D14)  | X |
| 267639      | WELL | PR     | 08/25/2003  | OW         | 045-09207 | ROSE RANCH 10-16D (D14) | X |
| 272391      | WELL | AL     | 10/19/2006  | LO         | 045-10072 | ROSE RANCH 14-4C (D14)  |   |
| 272392      | WELL | AL     | 02/18/2005  | LO         | 045-10071 | ROSE RANCH 15-2A (D14)  |   |
| 272408      | WELL | PR     | 05/23/2005  | GW         | 045-10081 | ROSE RANCH 11-14A (D14) | X |
| 272409      | WELL | PR     | 01/14/2006  | GW         | 045-10080 | ROSE RANCH 14-4A (D14)  | X |
| 272410      | WELL | AL     | 10/12/2006  | LO         | 045-10079 | ROSE RANCH 14-5A (D14)  |   |
| 276284      | WELL | PR     | 05/07/2005  | GW         | 045-10438 | ROSE RANCH 14-3D (D14W) | X |

**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 |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory                |         |                   |      |

#### Signs/Marker:

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

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

#### Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

#### Equipment:

| Type                        | #  | Satisfactory/Unsatisfactory | Comment            | Corrective Action      | CA Date    |
|-----------------------------|----|-----------------------------|--------------------|------------------------|------------|
| Horizontal Heated Separator | 11 | Satisfactory                |                    |                        |            |
| Gas Meter Run               | 1  | Satisfactory                |                    |                        |            |
| Plunger Lift                | 11 | Satisfactory                |                    |                        |            |
| Deadman # & Marked          |    | Unsatisfactory              | 3 unmarked deadmen | Remove or mark deadmen | 10/12/2012 |
| Bird Protectors             | 3  | Satisfactory                |                    |                        |            |

Inspector Name: LONGWORTH, MIKE

|                        |                             |                                   |                     |                      |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| <b>Facilities:</b>     |                             | <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                |                             |                                   |                     |                      |  |
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| CONDENSATE             | 2                           | 500 BBLS                          | STEEL AST           | 39.450730,107.749890 |  |
| 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 Sufficent                   | Base Sufficent      | Adequate             |  |
| Corrective Action      |                             |                                   |                     | Corrective Date      |  |
| Comment                |                             |                                   |                     |                      |  |
| <b>Venting:</b>        |                             |                                   |                     |                      |  |
| Yes/No                 |                             | Comment                           |                     |                      |  |
|                        |                             |                                   |                     |                      |  |
| <b>Flaring:</b>        |                             |                                   |                     |                      |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date              |  |
|                        |                             |                                   |                     |                      |  |

**Predrill**

Location ID: 334622

**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: 265888 Type: WELL API Number: 045-09081 Status: PR Insp. Status: PR

**Producing Well****Comment:**

Facility ID: 265889 Type: WELL API Number: 045-09080 Status: PR Insp. Status: PR

**Producing Well**Comment: Facility ID: 265891 Type: WELL API Number: 045-09088 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 265892 Type: WELL API Number: 045-09087 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 265893 Type: WELL API Number: 045-09086 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 265895 Type: WELL API Number: 045-09084 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 265896 Type: WELL API Number: 045-09083 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 267639 Type: WELL API Number: 045-09207 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 272408 Type: WELL API Number: 045-10081 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 272409 Type: WELL API Number: 045-10080 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 276284 Type: WELL API Number: 045-10438 Status: PR Insp. Status: PR**Producing Well**Comment: **Environmental****Spills/Releases:**Type of Spill: OIL Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_Comment: Forms for a removed (compressor) has thick stain at the North West corner of foundation.Corrective Action: Check with COGCC environmental staff get instructions to report, test, and remidate spill. Date: 10/05/2012Reportable: \_\_\_\_\_ GPS: Lat 39.450420 Long 107.749370

Inspector Name: LONGWORTH, MIKE

Proximity to Surface Water: \_\_\_\_\_

Depth to Ground Water: \_\_\_\_\_

**Water Well:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**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? Fail CM \_\_\_\_\_  
CA Remove debris CA Date 10/12/2012  
Waste Material Onsite? \_\_\_\_\_ CM \_\_\_\_\_  
CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Unused or unneeded equipment onsite? \_\_\_\_\_ 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? Fail CM \_\_\_\_\_  
CA remove or mark deadmen CA Date 10/12/2012

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

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

Inspector Name: LONGWORTH, MIKE

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

Multi-Well Location ☐

**Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Ditches                 | Pass                  |               |                          |         |
| Compaction       | Pass            | Culverts                | Pass                  |               |                          |         |
| Berms            | Pass            | Retention Ponds         | Pass                  |               |                          |         |
| Blankets         | Pass            | Compaction              | Pass                  |               |                          |         |
| Ditches          | Pass            | Gravel                  | Pass                  |               |                          |         |

S/U/V: Satisfactory  Corrective Date:

Comment:

CA: