

**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:

09/27/2012

Document Number:

663800520

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>277027</u>	<u>334585</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	

Compliance Summary:QtrQtr: NESE Sec: 9 Twp: 7S Range: 93W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
277025	WELL	PR	05/31/2006	OG	045-10599	HMU 9-9 (9W)	<input checked="" type="checkbox"/>
277026	WELL	PR	02/22/2010	OW	045-10598	ROSE RANCH FEDERAL 9-8C (I9W)	<input checked="" type="checkbox"/>
277027	WELL	PR	06/30/2009	GW	045-10597	HMU 9-8 (I9W)	<input checked="" type="checkbox"/>
277028	WELL	PR	02/13/2010	OW	045-10596	ROSE RANCH FEDERAL 9-16A (I9W)	<input checked="" type="checkbox"/>
277029	WELL	AL	05/24/2011	LO	045-10595	HMU 9-16C (I9W)	<input type="checkbox"/>
277030	WELL	AL	05/24/2011	LO	045-10594	HMU 9-9D (I9W)	<input type="checkbox"/>
277031	WELL	PR	10/16/2005	GW	045-10593	HMU 9-16 (I9W)	<input checked="" type="checkbox"/>
277032	WELL	PR	03/17/2005	GW	045-10592	HMU 10-12D (I9W)	<input checked="" type="checkbox"/>
277033	WELL	PR	02/16/2010	GW	045-10591	ROSE RANCH 10-13B (I9W)	<input checked="" type="checkbox"/>
277111	WELL	PR	07/01/2009	GW	045-10600	ROSE RANCH 10-13A (I9W)	<input checked="" type="checkbox"/>
412879	WELL	PR	03/03/2010	OW	045-18676	ROSE RANCH 16-1B (I9W)	<input checked="" type="checkbox"/>
412880	WELL	PR	02/24/2010	OW	045-18677	ROSE RANCH FEDERAL 9-7D (I9W)	<input checked="" type="checkbox"/>
412881	WELL	PR	02/28/2010	GW	045-18678	ROSE RANCH FEDERAL 9-10 (I9W)	<input checked="" type="checkbox"/>
412882	WELL	PR	02/19/2010	OW	045-18679	ROSE RANCH FEDERAL 10-12B (I9W)	<input checked="" 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
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory	incorrect API # on the 10-12D		
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			
WEEDS	Satisfactory			

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	12	Satisfactory			
Horizontal Heated Separator	12	Satisfactory			
Bird Protectors	4	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	6	500 BBLS	STEEL AST	39.456750,107.771680	
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 Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 334585

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: 277025 Type: WELL API Number: 045-10599 Status: PR Insp. Status: PR

Producing Well**Comment:**

Facility ID: 277026 Type: WELL API Number: 045-10598 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 277027 Type: WELL API Number: 045-10597 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 277028 Type: WELL API Number: 045-10596 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 277031 Type: WELL API Number: 045-10593 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 277032 Type: WELL API Number: 045-10592 Status: PR Insp. Status: PR**Producing Well**Comment: Incorrect api # on sign at the separatorFacility ID: 277033 Type: WELL API Number: 045-10591 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 277111 Type: WELL API Number: 045-10600 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412879 Type: WELL API Number: 045-18676 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412880 Type: WELL API Number: 045-18677 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412881 Type: WELL API Number: 045-18678 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 412882 Type: WELL API Number: 045-18679 Status: PR Insp. Status: PR**Producing Well**Comment: **Environmental****Spills/Releases:**

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

Inspector Name: LONGWORTH, MIKE

Comment:

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

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? Pass CM _____
CA _____ CA Date _____
Waste Material Onsite? Pass CM _____
CA _____ CA Date _____
Unused or unneeded equipment onsite? In 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? _____

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 _____

Inspector Name: LONGWORTH, MIKE

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 _____

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			
Gravel	Pass	Ditches	Pass			
Ditches	Pass	Culverts	Pass			
Seeding	Pass	Gravel	Pass			
Waddles	Pass	Rip Rap	Pass			
Compaction	Pass	Compaction	Pass			
Blankets	Pass	Check Dams	Pass			

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

Comment: _____

CA: _____