

Inspector Name: HICKEY, MIKE

**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



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Inspection Date:

01/02/2013

Document Number:

667601027

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>426443</u>	<u>330703</u>		<u>HICKEY, MIKE</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
Berlin, John		john.berlin@encana.com	

Compliance Summary:

QtrQtr: NWSE Sec: 28 Twp: 3N Range: 68W

Inspector Comment:

First time inspection of API #05-123-34689, Slater #6-4-28 et al multi well location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
251683	WELL	PR	07/13/2012	GW	123-19486	SLATER 33-28	X
426440	WELL	PR	07/19/2012	GW	123-34687	SLATER 34-28	X
426443	WELL	PR	07/19/2012	GW	123-34689	SLATER 6-4-28	X
426444	WELL	PR	05/15/2012	GW	123-34690	SLATER 44-28	X
426445	WELL	PR	11/14/2012	LO	123-34691	SLATER 43-28	X
426446	WELL	PR	07/24/2012	GW	123-34692	SLATER 4-4-28	X
426447	WELL	PR	11/08/2012	GW	123-34693	SLATER 4-6-28	X

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>1</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>2</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory	X7		

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

Comment: _____

Corrective Action: _____

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
TANK BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	2	Satisfactory			
Bird Protectors	6	Satisfactory			
Plunger Lift	7	Satisfactory			
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,

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

Corrective Action: _____ Corrective Date: _____

Comment: _____

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Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	OTHER	STEEL AST	40.192470,105.003950
S/U/V:	Satisfactory		Comment:	
Corrective Action:			Corrective Date:	
Paint				
Condition	Adequate			
Other (Content) _____				
Other (Capacity) 330 Bbl. _____				
Other (Type) _____				
Berms				
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
Ignitor/Combustor	Satisfactory			

Predrill

Location ID: 330703

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: 251683 Type: WELL API Number: 123-19486 Status: PR Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 426440 Type: WELL API Number: 123-34687 Status: PR Insp. Status: PR

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Producing Well

Comment:

Facility ID: 426443 Type: WELL API Number: 123-34689 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 426444 Type: WELL API Number: 123-34690 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 426445 Type: WELL API Number: 123-34691 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 426446 Type: WELL API Number: 123-34692 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 426447 Type: WELL API Number: 123-34693 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:	<u>IRRIGATED</u>		
Comment:	<div style="border: 1px solid black; height: 20px;"></div>		
1003a.	Debris removed?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Waste Material Onsite?	<u>Pass</u>	CM _____
	CA _____		CA Date _____
	Unused or unneeded equipment onsite?	<u>Pass</u>	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?	<u>In</u>	Production areas stabilized ? <u>Pass</u>
1003c.	Compacted areas have been cross ripped?	<u>Pass</u>	
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?	<u>In</u>	
	Production areas have been stabilized?	<u>Pass</u>	Segregated soils have been replaced? <u>Pass</u>
RESTORATION AND REVEGETATION			
<u>Cropland</u>			
	Top soil replaced	<u>Pass</u>	Recontoured <u>Pass</u> Perennial forage re-established <u>In</u>
<u>Non-Cropland</u>			
	Top soil replaced	_____	Recontoured _____ 80% Revegetation _____
1003 f.	Weeds Noxious weeds?	<u>I</u>	
Comment:	<div style="border: 1px solid black; height: 20px;"></div>		
Overall Interim Reclamation In Process			

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: <u>IRRIGATED</u>	
Reminder: _____	
Comment: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
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 _____

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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
Seeding	Pass	Gravel	Pass			

S/U/V: Satisfactory

Corrective Date:

Comment:

CA: