


<b>FORM INSP</b> Rev 05/11	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  
01/09/2013

Document Number:  
663800664

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID <u>275438</u>	Loc ID <u>334093</u>	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
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**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
Contact, General	970-285-2665	cogcc.inspections@encana.com	

**Compliance Summary:**

QtrQtr: NENW Sec: 10 Twp: 8S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/04/2011	200310271	PR	PR	S			N
05/01/2006	200096141	PR	PR	S	I	P	N
12/05/2005	200086095	PR	PR	S		P	N
04/18/2005	200070055	PR	WO	S		P	N

**Inspector Comment:**

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**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
275435	WELL	PR	09/21/2010	GW	045-13543	SATTERFIELD 10-7 (C10OU)	<input checked="" type="checkbox"/>
275436	WELL	PR	11/18/2010	GW	045-13542	SATTERFIELD 10-2 (C10OU)	<input checked="" type="checkbox"/>
275437	WELL	PR	03/20/2012	GW	045-13541	SATTERFIELD 10-3 (C10OU)	<input checked="" type="checkbox"/>
275438	WELL	PR	08/16/2005	GW	045-13544	SATTERFIELD 10-6 (C10OU)	<input checked="" type="checkbox"/>
281721	WELL	PR	08/10/2012	GW	045-11500	SATTERFIELD FEDERAL 10-4 (C10OU)	<input checked="" type="checkbox"/>
281722	WELL	PR	05/17/2012	GW	045-11501	SATTERFIELD FEDERAL 10-5 (C10OU)	<input checked="" type="checkbox"/>
298911	WELL	PR	03/12/2010	OW	045-17474	Satterfield Federal 10-3H (C10OU)	<input checked="" type="checkbox"/>
300673	WELL	AL	11/12/2010	LO	045-17974	Satterfield 10-3D (C10OU)	<input type="checkbox"/>
420438	WELL	AL	10/16/2012		045-20203	ORCHARD UNIT 15-6HM (C10OU)	<input type="checkbox"/>
420440	WELL	AL	10/16/2012		045-20204	ORCHARD UNIT 15-7HM (C10OU)	<input type="checkbox"/>
420441	WELL	AL	10/16/2012		045-20205	ORCHARD UNIT 15-7HM2 (C10OU)	<input type="checkbox"/>
420442	WELL	AL	10/16/2012		045-20151	FIVE R 15-1HM2 (C10OU)	<input type="checkbox"/>

420444	WELL	PR	10/21/2011	GW	045-20206	KEINATH FEDERAL 9-14H (C10OU)	<input checked="" type="checkbox"/>
420447	WELL	PR	10/19/2011	GW	045-20207	FIVE R 15-1HM (C10OU)	<input checked="" type="checkbox"/>
420448	WELL	AL	10/16/2012		045-20208	ORCHARD UNIT 15-6HM2 (C10OU)	<input type="checkbox"/>
420449	WELL	AL	10/16/2012		045-20209	KEINATH FEDERAL 9-11H2 (C10OU)	<input type="checkbox"/>
420453	WELL	AL	10/16/2012		045-20210	KEINATH FEDERAL 9-14H2 (C10OU)	<input type="checkbox"/>
420500	WELL	PR	10/19/2011	GW	045-20211	KEINATH FEDERAL 9-12H (C10OU)	<input checked="" type="checkbox"/>
421158	WELL	PR	10/16/2011	GW	045-20325	KEINATH FEDERAL 9-12H2 (C10OU)	<input checked="" type="checkbox"/>

**Equipment:** Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: _____	Wells: <u>18</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: <u>17</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location**

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	Tanks need Operator name and number and tank volumes.	Install sign to comply with rule 210.d.	02/28/2013
WELLHEAD	Satisfactory			

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

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

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

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

<b>Fencing/:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Satisfactory	around 5 of the separators		
LOCATION	Satisfactory			

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	2	Unsatisfactory	2 unmarked deadmen	Mark or remove deadmen	02/28/2013
Dehydrator	1	Satisfactory			

Plunger Lift	3	Satisfactory			
Bird Protectors	7	Satisfactory			
Horizontal Heated Separator	11	Satisfactory			

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	300 BBLS	STEEL AST	39.368100,108.098480
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
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

**Predrill**

Location ID: 334093

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
OGLA	kubeczkod	Location is in a sensitive area because of proximity to surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures sufficiently protective of nearby surface water. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	09/21/2010
OGLA	kubeczkod	Reserve pit (if constructed) must be lined or closed loop system (which EnCana has already indicated on the Form 2A) must be implemented during drilling.	09/21/2010
OGLA	kubeczkod	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	09/21/2010
OGLA	kubeczkod	Operator must implement best management practices to contain any unintentional release of fluids.	09/21/2010

**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: 275435 Type: WELL API Number: 045-13543 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 275436 Type: WELL API Number: 045-13542 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 275437 Type: WELL API Number: 045-13541 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 275438 Type: WELL API Number: 045-13544 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 281721 Type: WELL API Number: 045-11500 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 281722 Type: WELL API Number: 045-11501 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 298911 Type: WELL API Number: 045-17474 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 420444 Type: WELL API Number: 045-20206 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 420447 Type: WELL API Number: 045-20207 Status: PR Insp. Status: PR

**Producing Well**

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

Facility ID: 420500 Type: WELL API Number: 045-20211 Status: PR Insp. Status: PR

**Producing Well**

Comment:

Facility ID: 421158 Type: WELL API Number: 045-20325 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:**

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: RANGELAND

Comment:

1003a. Debris removed? In CM

CA CA Date

Waste Material Onsite? In CM

CA CA Date

Unused or unneeded equipment onsite? Pass 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? Fail CM

CA Mark or remove anchors

CA Date 02/28/2013

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

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? P

Comment: Large pile of earth on north of location.

Overall Interim Reclamation In Process

**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: \_\_\_\_\_ Date Final Reclamation Completed: \_\_\_\_\_

Final Land Use: RANGELAND

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
Seeding		Gravel	Pass			
Gravel	Pass	Ditches	Pass			
Compaction		Compaction	Pass			
Berms	Pass	Berms	Pass	MHSP	Pass	
Ditches	Pass	Culverts	Pass			

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory                      Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_