

**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:  
02/12/2013

Document Number:  
663800760

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>271021</u>	<u>334663</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
General Insp. Contact	970-285-2665	cogcc.inspections@encana.com	

**Compliance Summary:**

QtrQtr: NENE Sec: 30 Twp: 7S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/05/2011	200324507	PR	TA	S			N
04/14/2008	200130570	PR	PR	S	I		N
08/03/2005	200076596	PR	PR	S		P	N

**Inspector Comment:**

**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
271021	WELL	PR	06/06/2012	GW	045-09813	S.PARACHUTE FEDERAL 30-14	X
278446	WELL	PR	06/06/2012	GW	045-10882	FEDERAL 30-1BB (PA30)	X
284146	WELL	PR	06/06/2012	GW	045-12095	FEDERAL 20-13 (PA30)	X
423625	WELL	PR	02/13/2012	GW	045-20780	Federal 29-4 (PA-30)	X
423631	WELL	PR	02/13/2012	GW	045-20781	Federal Smith 30-2 (PA-30)	X
423632	WELL	PR	02/13/2012	GW	045-20782	Federal Smith 19-15 (PA-30)	X
423634	WELL	PR	02/13/2012	GW	045-20783	Federal 29-4BB (PA-30)	X
423635	WELL	PR	02/13/2012	GW	045-20784	Federal 29-4C (PA-30)	X
423636	WELL	PR	02/13/2012	GW	045-20785	Federal 20-13A (PA-30)	X
423637	WELL	PR	02/28/2012	GW	045-20786	Federal 29-4A (PA-30)	X
423641	WELL	PR	02/15/2012	GW	045-20787	Federal 19-16BB (PA-30)	X

**Equipment:**

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>11</u>	Production Pits: _____
Condensate Tanks: <u>4</u>	Water Tanks: _____	Separators: <u>11</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>2</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>1</u>	Flare: _____	Fuel Tanks: _____

**Location**

**Lease Road:**

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory	Crew working on road pulling out poly waterlines.		

**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Small metal tags		
TANK LABELS/PLACARDS	Satisfactory	2 batteries on location		
BATTERY	Satisfactory	At separators		

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

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

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

**Spills:**

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

**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	4 strand barb wire fence		

**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory	Green meter house		
Plunger Lift	11	Satisfactory	All 11 wells on plunger lift		
Horizontal Heated Separator	11	Satisfactory	1 double 1 quad and 1 5 unit separators		
Bird Protectors	3	Satisfactory	Mesh bird cones		

<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	3	300 BBLS	STEEL AST	39.410000,108.032060
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				

<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	500 BBLS	STEEL AST	39.413530,108.031320
S/U/V:	Satisfactory	Comment: _____		
Corrective Action:	_____			Corrective Date: _____
<b>Paint</b>				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<b>Berms</b>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	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: 334663

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

Group	User	Comment	Date
OGLA	kubeczkod	<p>GENERAL SITE COAs:</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface pipelines.</p> <p>Operator must ensure 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 (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>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.</p> <p>Flowback and stimulation fluids must be sent to tanks to allow the sand to settle out before the fluids can be placed into any pipeline or pit located on the well pad. The flowback and stimulation fluid tanks must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material (per Rule 604.a.(4)).</p> <p>Berms or other containment devices shall be constructed in compliance with Rule 604.a.(4) around crude oil, condensate, and produced water storage tanks.</p>	05/11/2011

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

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

BMP Type	Comment
Wildlife	All wildlife stipulation and best management practices that apply, are applicable and that have been agreed to with the BLM and are presented in our approved South Parachute Geographic Area Plan for Oil and Gas Development (EA#COC140-2006-050) will be followed.

**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: _____	
<u>LGD Contact Information:</u>	
Name: _____	Phone Number: _____
Agreed to Attend: _____	
<u>Summary of Landowner Issues:</u>	
<u>Summary of Operator Response to Landowner Issues:</u>	
<u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u>	

**Facility**

Facility ID: <u>271021</u>	Type: <u>WELL</u>	API Number: <u>045-09813</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>278446</u>	Type: <u>WELL</u>	API Number: <u>045-10882</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>284146</u>	Type: <u>WELL</u>	API Number: <u>045-12095</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>423625</u>	Type: <u>WELL</u>	API Number: <u>045-20780</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>423631</u>	Type: <u>WELL</u>	API Number: <u>045-20781</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>423632</u>	Type: <u>WELL</u>	API Number: <u>045-20782</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>423634</u>	Type: <u>WELL</u>	API Number: <u>045-20783</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>423635</u>	Type: <u>WELL</u>	API Number: <u>045-20784</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: <u>423636</u>	Type: <u>WELL</u>	API Number: <u>045-20785</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
----------------------------	-------------------	------------------------------	-------------------	-------------------------

**Producing Well**

Comment: PR well on plungerlift

Facility ID: 423637 Type: WELL API Number: 045-20786 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR well on plungerlift

Facility ID: 423641 Type: WELL API Number: 045-20787 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR well on plungerlift

**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: RANGELAND

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? Pass 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? \_\_\_\_\_

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: \_\_\_\_\_

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
Hydro Mulch		Ditches	Pass			
Ditches	Pass	Compaction	Pass			
		Gravel	Pass			
Gravel	Pass	Culverts	Pass			

Inspector Name: LONGWORTH, MIKE

Berms	Pass	Berms	Pass			
S/U/V: Satisfactory		Corrective Date: _____				
Comment: _____						
CA: _____						