

**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:

02/13/2013

Document Number:

663800769

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>237</u>	<u>334769</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
Insp., General	970-285-2665	cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: NESW Sec: 21 Twp: 7S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
237	WELL	PR	01/15/2009	GW	045-15455	FEDERAL GARDNER 21-13BB (PK-21)	<input checked="" type="checkbox"/>
238	WELL	PR	01/14/2009	GW	045-15456	FEDERAL SMITH 21-12 (PK-21)	<input checked="" type="checkbox"/>
239	WELL	PR	10/14/2009	GW	045-15457	FEDERAL SMITH 21-12BB (PK-21)	<input checked="" type="checkbox"/>
240	WELL	PR		GW	045-15458	FEDERAL 21-11(PK-21)	<input checked="" type="checkbox"/>
241	WELL	PR	01/17/2009	GW	045-15459	FEDERAL 21-11BB (PK-21)	<input checked="" type="checkbox"/>
294	WELL	PR	09/01/2009	GW	045-15475	FEDERAL 21-15BB(PK-21)	<input checked="" type="checkbox"/>
295	WELL	PR	08/30/2009	GW	045-15476	FEDERAL 21-10BB(PK-21)	<input checked="" type="checkbox"/>
296	WELL	PR	08/28/2009	GW	045-15477	FEDERAL 21-10(PK-21)	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	Frac tank, colverts, and material on location. Remove if not needed or when finished with..		

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
OTHER	Satisfactory			
LOCATION	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory	Green meter house		
Bird Protectors	2	Satisfactory	1 per separator		
Horizontal Heated Separator	8	Satisfactory	2 quads		
Plunger Lift	8	Satisfactory	on all 8 wells on location		

Inspector Name: LONGWORTH, MIKE

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:	

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					

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.420960,108.003460
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
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: 334769

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: 237 Type: WELL API Number: 045-15455 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

Facility ID: 238 Type: WELL API Number: 045-15456 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

Facility ID: 239 Type: WELL API Number: 045-15457 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

Facility ID: 240 Type: WELL API Number: 045-15458 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

Facility ID: 241 Type: WELL API Number: 045-15459 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

Facility ID: 294 Type: WELL API Number: 045-15475 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

Facility ID: 295 Type: WELL API Number: 045-15476 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

Facility ID: 296 Type: WELL API Number: 045-15477 Status: PR Insp. Status: PR

Producing Well

Comment: PR well on pluger lift

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: _____

Comment: _____

1003a. Debris removed? In 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? 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? _____

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 REVEGETATIONCropland

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: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Inspector Name: LONGWORTH, MIKE

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
Compaction	Pass	Check Dams	Pass			
Gravel	Pass	Culverts	Pass			
		Gravel	Pass			
Ditches	Pass	Compaction	Pass			
Seeding		Ditches	Pass			
Berms	Pass	Blankets	Pass	MHSP	Pass	

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

Comment: _____

CA: _____