

**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:

02/22/2013

Document Number:

663800779

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>260768</u>	<u>334983</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: NENE Sec: 29 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)
04/14/2008	200130574	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
260768	WELL	PR	05/05/2004	GW	045-07909	S.PARACHUTE FEDERAL 29-24	X
260875	WELL	PR	04/30/2004	GW	045-07914	S. PARACHUTE FEDERAL 29-14	X
278948	WELL	PR	12/24/2005	GW	045-10966	FEDERAL GARDNER 28-4 (PA29)	X
280047	WELL	PR	11/02/2006	GW	045-11160	FEDERAL 29-1(PA29)	X
430478	WELL	XX	10/17/2012	LO	045-21716	Federal 29-7BB (PA-29)	X
430479	WELL	XX	10/17/2012	LO	045-21717	Federal 29-8BB (PA-29)	X
430480	WELL	XX	10/17/2012	LO	045-21718	Federal 29-1D (PA-29)	X
430481	WELL	XX	10/17/2012	LO	045-21719	Federal 28-5BB (PA-29)	X
430482	WELL	XX	10/17/2012	LO	045-21720	Federal 29-3A (PA-29)	X
430483	WELL	XX	10/17/2012	LO	045-21721	Federal 29-8 (PA-29)	X
430484	WELL	XX	10/17/2012	LO	045-21722	Federal 29-2A (PA-29)	

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>11</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>8</u>	Separators: <u>11</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: <u>1</u>	Flare: _____	Fuel Tanks: _____

Location

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	Snow		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			

Emergency Contact Number: <u>(S/U/V)</u>	Satisfactory	Corrective Date: _____
Comment: _____		
Corrective Action: _____		

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	4	Satisfactory			
Horizontal Heated Separator	4	Satisfactory	4 singles		
Gas Meter Run	4	Satisfactory			
Plunger Lift	4	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.412390,108.015770
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: 334983

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczkod	<p>SITE SPECIFIC COAs:</p> <p>Notify the COGCC 48 hours prior to start of pad construction, rig mobilization, spud, and start of hydraulic stimulation operations using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations).</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface or buried pipelines.</p> <p>Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations (as shown on the Proposed BMPs attachment); 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 cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts.</p> <p>Flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline, storage vessel, or lined pit (only if an amended Form 2A has been submitted/approved and a Form 15 Earthen Pit Permitted has been submitted/approved) located on the well pad; or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment 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.</p>	10/16/2012

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:

Inspector Name: LONGWORTH, MIKE

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: 260768 Type: WELL API Number: 045-07909 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 260875 Type: WELL API Number: 045-07914 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 278948 Type: WELL API Number: 045-10966 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 280047 Type: WELL API Number: 045-11160 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 430478 Type: WELL API Number: 045-21716 Status: XX Insp. Status: ND

Facility ID: 430479 Type: WELL API Number: 045-21717 Status: XX Insp. Status: ND

Facility ID: 430480 Type: WELL API Number: 045-21718 Status: XX Insp. Status: ND

Facility ID: 430481 Type: WELL API Number: 045-21719 Status: XX Insp. Status: ND

Facility ID: 430482 Type: WELL API Number: 045-21720 Status: XX Insp. Status: ND

Facility ID: 430483 Type: WELL API Number: 045-21721 Status: XX Insp. Status: ND

Environmental

Spills/Releases:

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

Comment: _____

Inspector Name: LONGWORTH, MIKE

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? <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? <u>Pass</u>	CM _____	CA _____	CA Date _____
	Guy line anchors removed? _____	CM _____	CA _____	CA Date _____
	Guy line anchors marked? <u>Pass</u>	CM _____	CA _____	CA Date _____

1003b.	Area no longer in use? <u>In</u>	Production areas stabilized ? <u>Pass</u>
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1003c.	Compacted areas have been cross ripped? _____
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1003d.	Drilling pit closed? <u>Pass</u>	Subsidence over on drill pit? _____
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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? _____
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RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____	Recontoured _____	Perennial forage re-established _____
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Non-Cropland

Inspector Name: LONGWORTH, MIKE

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
Seeding		Ditches	Pass			
Compaction	Pass	Compaction	Pass			
Berms	Pass	Berms	Pass			
Ditches	Pass	Culverts	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____