

**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
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Inspection Date:

02/21/2013

Document Number:

663800782

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>286066</u>	<u>334682</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: SESW Sec: 20 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)
09/08/2008	200195791	PR	PR	S			N
04/14/2008	200130580	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
286066	WELL	PR	01/17/2007	GW	045-12603	FEDERAL 20-10 (PN20)	<input checked="" type="checkbox"/>
286631	WELL	PR	01/07/2007	GW	045-12713	FEDERAL 20-12(PN20)	<input checked="" type="checkbox"/>
413026	WELL	PR	07/12/2011	GW	045-18708	Federal 20-11 (PN20)	<input checked="" type="checkbox"/>
413027	WELL	AL	10/17/2012	LO	045-18709	Federal 20-14 (PN20)	<input type="checkbox"/>
413028	WELL	AL	10/17/2012	LO	045-18710	Federal 20-11BB (PN20)	<input type="checkbox"/>
413029	WELL	PR	07/12/2011	GW	045-18711	Federal 20-14BB (PN20)	<input checked="" type="checkbox"/>
415750	WELL	PR	07/12/2011	GW	045-19158	Federal Gardner 20-7 (PN20)	<input checked="" type="checkbox"/>
415795	WELL	PR	07/12/2011	GW	045-19163	Federal Gardner 20-7BB (PN20)	<input checked="" type="checkbox"/>
415799	WELL	PR	07/12/2011	GW	045-19164	Federal Gardner 20-6 (PN20)	<input checked="" type="checkbox"/>
416168	WELL	AL	05/24/2012		045-19226	Federal Gardner 20-6BB	<input type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: LONGWORTH, MIKE

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>10</u>	Production Pits: _____
Condensate Tanks: <u>10</u>	Water Tanks: <u>1</u>	Separators: <u>10</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: <u>1</u>	Flare: <u>1</u>	Fuel Tanks: _____

Location

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory			

Emergency Contact Number: (S/U/V) 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
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Horizontal Heated Separator	7	Satisfactory	1 double & 1 5-unit separators		
Bird Protectors	3	Satisfactory			
Plunger Lift	7	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	1	300 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					
Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	500 BBLS	STEEL AST	39.418190,108.022250	
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					
Venting:					
Yes/No		Comment			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 334682

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	kubeczkod	Location is in a sensitive area because of close surface water; therefore, operator must ensure 110 percent secondary containment for any volume of fluids contained at tank pad site during operations.	02/04/2010
Agency	kubeczkod	Operator must implement best management practices to contain any unintentional release of fluids.	02/04/2010

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: 286066 Type: WELL API Number: 045-12603 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 286631 Type: WELL API Number: 045-12713 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 413026 Type: WELL API Number: 045-18708 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 413029 Type: WELL API Number: 045-18711 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 415750 Type: WELL API Number: 045-19158 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 415795 Type: WELL API Number: 045-19163 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 415799 Type: WELL API Number: 045-19164 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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? 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? _____ 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: RANGELAND

Reminder: _____

Comment: _____

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

Debris removed _____ No disturbance /Location never built _____

Access Roads Reggraded _____ 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
Seeding		Gravel	Pass			
Berms	Pass	Berms	Pass			
Ditches	Pass	Culverts	Pass			
Gravel	Pass	Ditches	Pass			
Compaction	Pass	Compaction	Pass			

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

Comment: _____

CA: _____