

**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:

03/01/2013

Document Number:

663800789

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name:
	<u>295827</u>	<u>335031</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: NESE Sec: 19 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)
09/22/2011	200327339	PR	PR	S			N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
286629	WELL	PR	09/04/2008	GW	045-12715	FEDERAL 19-10 (PI19)	<input checked="" type="checkbox"/>
294688	WELL	PR	02/26/2008	GW	045-15570	FEDERAL 19-9 (PI-19)	<input checked="" type="checkbox"/>
294689	WELL	PR	09/21/2008	GW	045-15571	FEDERAL 19-9BB (PI-19)	<input checked="" type="checkbox"/>
294690	WELL	PR	09/20/2008	GW	045-15572	FEDERAL 19-10BB (PI19)	<input checked="" type="checkbox"/>
294691	WELL	PR	09/04/2008	GW	045-15573	FEDERAL 20-12BB (PI-19)	<input checked="" type="checkbox"/>
294692	WELL	PR	09/21/2008	GW	045-15574	FEDERAL 19-15BB(PI-19)	<input checked="" type="checkbox"/>
295827	WELL	PR	09/20/2008	GW	045-15815	FEDERAL 20-5 (PI19)	<input checked="" type="checkbox"/>
295828	WELL	PR	09/23/2008	GW	045-15814	FEDERAL 20-13BB (PI19)	<input checked="" type="checkbox"/>
295829	WELL	PR	09/25/2008	GW	045-15813	FEDERAL 19-16 (PI-19)	<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	Closed gated at entrance		

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory	Labels starting to peel		
WELLHEAD	Satisfactory	No legal discription on well tags		

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
DEBRIS	Unsatisfactory	Valve handles, wood blocks, broken concrete block at 19-9, bolts, etc	Pick up debri	03/29/2013

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	4 strand barbwire around reclaim areas		
LOCATION	Satisfactory	4 strand barbwire		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	9	Satisfactory			
Gathering Line	1	Unsatisfactory	Baracade laying down behind gathering line.	Remove or repair	03/29/2013
Bird Protectors	3	Satisfactory	1 on both separator units. 1 on on the portable flare stack.		
Flare	1	Satisfactory	Flare on Fed. 19-9 braden		
Deadman # & Marked		Unsatisfactory	unmarked deadman behind flare stack	Remove or mark deadmen	04/09/2013
Horizontal Heated Separator	9	Unsatisfactory	5 unit and a quad separators. No berms around separators.	Build berms around separators.	05/03/2013

Inspector Name: LONGWORTH, MIKE

Ancillary equipment	3	Satisfactory	2 chemical containers at well heads. 1 at gathering lines		
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Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,

S/U/V:	Satisfactory	Comment:	1000 gallon methanol tank in tank battery berm
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:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	5	300 BBLS	STEEL AST	39.420900,108.032000

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
YES	Vent on 300 bbl tank. Braden on Fed. 19-9 venting to flare

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory	Combustor and portable flare stack		

Predrill

Location ID: 335031

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: 286629 Type: WELL API Number: 045-12715 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

Facility ID: 294688 Type: WELL API Number: 045-15570 Status: PR Insp. Status: PR

Producing Well

Comment: PR well, Braden venting to flare

BradenHead

Comment: Braden venting to flare

CA:

CA Date:

Facility ID: 294689 Type: WELL API Number: 045-15571 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

Facility ID: 294690 Type: WELL API Number: 045-15572 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

Facility ID: 294691 Type: WELL API Number: 045-15573 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

Facility ID: 294692 Type: WELL API Number: 045-15574 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

Facility ID: 295827 Type: WELL API Number: 045-15815 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

Facility ID: 295828 Type: WELL API Number: 045-15814 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

Facility ID: 295829 Type: WELL API Number: 045-15813 Status: PR Insp. Status: PR

Producing Well

Comment: PR well

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: _____

Comment: _____

1003a. Debris removed? Fail CM debris at well wells. Baracade @ gathering lineCA remove or repairCA Date 03/29/2013Waste 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? Fail CM _____CA Remove on mark deadmenCA Date 03/29/2013

Guy line anchors marked? _____ CM _____

CA _____

CA Date _____

1003b. Area no longer in use? In

Production areas stabilized ? _____

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 Fail**Final Reclamation/ Abandoned Location:**

Inspector Name: LONGWORTH, MIKE

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 _____

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
Gravel	Pass	Gravel				
		Mulching				
Ditches	Pass	Ditches	Pass			
Berms	Pass	Berms	Pass	MHSP	Pass	3 totes with secondary containment
Culverts	Pass	Compaction	Pass			
Compaction	Pass	Blankets	Pass			

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

Comment: _____

CA: _____

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
663800789	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3070129