

**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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| DE | ET | OE | ES |
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Inspection Date:

03/27/2013

Document Number:

670200293

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 269725      | 335019 | BURGER, CRAIG   | <input type="checkbox"/> |             |

**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             |
|----------------------|-------|------------------------------|---------------------|
| Kellerby, Shaun      |       | Shaun.Kellerby@state.co.us   | NW Field Supervisor |
| Inspections, General |       | cogcc.inspections@encana.com |                     |

**Compliance Summary:**QtrQtr: SWNW Sec: 33 Twp: 6S Range: 92W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 09/03/2007 | 200118363 | CO         | PR          | S                            | I        |                | N               |
| 06/04/2007 | 200113685 | PR         | PR          | S                            | I        | P              | N               |
| 02/15/2007 | 200104777 | PR         | PR          | S                            | I        | P              | N               |
| 02/01/2007 | 200107499 | PR         | PR          | S                            | I        | P              | N               |
| 11/17/2006 | 200105478 | PR         | PR          | S                            |          | P              | N               |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name         |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------------------------------|
| 269719      | WELL | SI     | 11/05/2012  | GW         | 045-09408 | SHIDELER 33-4D(E33NE) | <input checked="" type="checkbox"/> |
| 269720      | WELL | PR     | 03/15/2004  | GW         | 045-09407 | SHIDELER 33-4C(E33NE) | <input checked="" type="checkbox"/> |
| 269721      | WELL | AL     | 02/27/2004  | LO         | 045-09406 | SHIDELER 33-5B(E33NE) | <input type="checkbox"/>            |
| 269725      | WELL | PR     | 03/15/2004  | GW         | 045-09405 | SHIDELER 32-1D(E33NE) | <input checked="" type="checkbox"/> |
| 269726      | WELL | PR     | 03/15/2004  | GW         | 045-09404 | SHIDELER 33-4B(E33NE) | <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**

| <b>Signs/Marker:</b> |                             |                            |                                         |            |
|----------------------|-----------------------------|----------------------------|-----------------------------------------|------------|
| Type                 | Satisfactory/Unsatisfactory | Comment                    | Corrective Action                       | CA Date    |
| BATTERY              | Satisfactory                |                            |                                         |            |
| WELLHEAD             | Unsatisfactory              | signs need 1/4 1/4 section | Install sign to comply with rule 210.d. | 04/26/2013 |
| TANK LABELS/PLACARDS | Satisfactory                |                            |                                         |            |

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: \_\_\_\_\_

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

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

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

| <b>Fencing:</b> |                             |              |                   |         |
|-----------------|-----------------------------|--------------|-------------------|---------|
| Type            | Satisfactory/Unsatisfactory | Comment      | Corrective Action | CA Date |
| SEPARATOR       | Satisfactory                | cattle panel |                   |         |
| WELLHEAD        | Satisfactory                | cattle panel |                   |         |

| <b>Equipment:</b>         |   |                             |         |                   |         |
|---------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                      | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Plunger Lift              | 3 | Satisfactory                |         |                   |         |
| Gas Meter Run             | 1 | Satisfactory                |         |                   |         |
| Bird Protectors           | 2 | Satisfactory                |         |                   |         |
| Vertical Heated Separator | 4 | Satisfactory                |         |                   |         |
| Gathering Line            | 1 | Satisfactory                |         |                   |         |
| Deadman # & Marked        | 6 | Satisfactory                |         |                   |         |
| Emission Control Device   | 1 | Satisfactory                |         |                   |         |
| Pig Station               | 1 | Satisfactory                |         |                   |         |

|                        |                                             |                                   |                                     |                       |                            |
|------------------------|---------------------------------------------|-----------------------------------|-------------------------------------|-----------------------|----------------------------|
| <b>Facilities:</b>     |                                             | <input type="checkbox"/> New Tank |                                     | Tank ID: _____        |                            |
| Contents               | #                                           | Capacity                          | Type                                | SE GPS                |                            |
| METHANOL               | 1                                           | 1000 GAL                          | STEEL AST                           | ,                     |                            |
| S/U/V:                 | Satisfactory                                |                                   | Comment: same berm as 400 bbl tanks |                       |                            |
| 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           |                            |
|                        |                                             |                                   |                                     |                       |                            |
| Corrective Action      |                                             |                                   |                                     | Corrective Date       |                            |
| Comment                |                                             |                                   |                                     |                       |                            |
| <b>Facilities:</b>     |                                             | <input type="checkbox"/> New Tank |                                     | Tank ID: _____        |                            |
| Contents               | #                                           | Capacity                          | Type                                | SE GPS                |                            |
| CONDENSATE             | 2                                           | 400 BBLS                          | STEEL AST                           | 39.486860,-107.678680 |                            |
| 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                     | Inadequate            |                            |
| Corrective Action      | Clean up oil and condensate stained gravel. |                                   |                                     |                       | Corrective Date 04/26/2013 |
| Comment                |                                             |                                   |                                     |                       |                            |
| <b>Venting:</b>        |                                             |                                   |                                     |                       |                            |
| Yes/No                 | Comment                                     |                                   |                                     |                       |                            |
| NO                     |                                             |                                   |                                     |                       |                            |
| <b>Flaring:</b>        |                                             |                                   |                                     |                       |                            |
| Type                   | Satisfactory/Unsatisfactory                 | Comment                           | Corrective Action                   | CA Date               |                            |
| Ignitor/Combustor      | Satisfactory                                |                                   |                                     |                       |                            |

**Predrill**

Location ID: 335019

**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: 269719 Type: WELL API Number: 045-09408 Status: SI Insp. Status: WK

**Workover**

Comment: Eagle Well Services performing swab job on well at time of inspection.

Facility ID: 269720 Type: WELL API Number: 045-09407 Status: PR Insp. Status: PR

**Producing Well**Comment: Facility ID: 269725 Type: WELL API Number: 045-09405 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 269726 Type: WELL API Number: 045-09404 Status: PR Insp. Status: PR**Producing Well**Comment: **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): Y

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

Pilot: ON Wildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

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

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? \_\_\_\_\_ 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? \_\_\_\_\_

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

Overall Interim Reclamation \_\_\_\_\_

**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 \_\_\_\_\_

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            | Gravel                  | Pass                  |               |                          |         |
| Berms            | Pass            | Culverts                | Pass                  | MHSP          | Pass                     |         |
| Ditches          | Pass            | Ditches                 | Pass                  |               |                          |         |

Inspector Name: BURGER, CRAIG

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_