

**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:

03/27/2013

Document Number:

670200295

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	261014	334859	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
Inspections, General		cogcc.inspections@encana.com	
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:QtrQtr: SENV 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)
06/04/2007	200114363	PR	PR	U	I	F	Y
02/01/2007	200107490	PR	PR	S	I	P	N
09/05/2006	200118370	CO	PR	S	I		N

Inspector Comment:

Bubbling gas or air visible from water pooled next to wellhead. Staff spoke with Encana regarding this issue. Encana indicated that they were investigating and needed to excavate some soil from around the wellhead to fix the leak. Comply with rule 604.d.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
211532	WELL	PR	07/15/1998	GW	045-07292	BOULTON 33-6	<input checked="" type="checkbox"/>
261014	WELL	PR	01/16/2003	GW	045-07925	SHIDELER 33-3A (F33)	<input checked="" type="checkbox"/>
261015	WELL	PR	01/07/2003	GW	045-07926	SHIDELER 33-3 (F33)	<input checked="" type="checkbox"/>
261016	WELL	PR	01/12/2003	GW	045-07927	BOULTON 33-6A (F33)	<input checked="" type="checkbox"/>
263373	WELL	PR	01/21/2003	GW	045-08127	SHIDELER 33-4C2 (F33)	<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 Motors: _____	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

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory	tank near wellhead labeled "Tank is Permanently Closed Date Closed 2-1-13"		
WELLHEAD	Unsatisfactory	Signs need 1/4 1/4 section.	Install sign to comply with rule 210.d.	04/19/2013

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	Unsatisfactory	Closed tank and associated pipe on location.	Remove unused equipment.	04/19/2013

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Deadman # & Marked	10	Satisfactory			
Plunger Lift	5	Satisfactory			
Emission Control Device	1	Satisfactory			
Bird Protectors	3	Satisfactory			
Gas Meter Run	1	Satisfactory			
Vertical Heated Separator	5	Satisfactory			

Facilities:		<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 300 bbl tanks		
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	
OTHER	1	100 BBLS	STEEL AST	39.485700,-107.675380	
S/U/V:	Unsatisfactory		Comment:		
Corrective Action: Remove, tank is not in use.				Corrective Date: 04/19/2013	
<u>Paint</u>					
Condition	Inadequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Corrective Action				Corrective Date	
Comment					

Inspector Name: BURGER, CRAIG

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	STEEL AST	39.484750,-107.675130	
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	Inadequate	
Corrective Action	Clean out stained gravel.				Corrective Date 04/19/2013
Comment					
Venting:					
Yes/No	Comment				
YES	venting from bradenheads				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 334859

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: 211532 Type: WELL API Number: 045-07292 Status: PR Insp. Status: PR

Producing Well

Comment: Bubbling gas or air visible from water pooled next to wellhead. Repair and notify COGCC engineering staff.
Gauge on bradenhead reads 115 psi.

Facility ID: 261014 Type: WELL API Number: 045-07925 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 261015 Type: WELL API Number: 045-07926 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 261016 Type: WELL API Number: 045-07927 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 263373 Type: WELL API Number: 045-08127 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:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

Field Parameters:Sample Location: **Complaint:**

Tracking Num	Category	Assigned To	Description	Incident Date
200118362	ODOR	GRAHAM, DAVE	LINDA STATED THAT SHE HAS BEEN SMELLING A STRONG ODOR COMING FROM THE WEST FROM THE GAS FIELD. SHE STATED THAT THE WIND IS COMING FROM THE WEST AND THAT THE ODOR BAD. SHE STARTED NOTICING THE ODOR AGAIN ON 9-1-07 AND CALLED ENCANA TO TELL THEM OF THE ODOR PROBLEM. SHE CALLED ME ON 9-2-07, AND I WOULD GET BACK TO HER WITH THE RESULTS.	09/02/2007

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? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ 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? _____ 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 _____

Inspector Name: BURGER, CRAIG

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
Ditches	Pass	Culverts	Pass			
Berms	Pass	Ditches	Pass	MHSP	Pass	
Slope Roughening	Pass	Tackifiers	Pass			
Waddles	Fail	Slope Roughening	Pass			

S/U/V: **Unsatisfactory** Corrective Date: **04/19/2013**

Comment: **Waddles downgradient of location are silted over at low point.**

CA: **Maintain BMP's.**