

FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		DE	ET	OE	ES
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FIELD INSPECTION FORM

Location Identifier	Facility ID 414784	Loc ID 414530	Inspector Name: BURGER, CRAIG	On-Site Inspection <input type="checkbox"/>	2A Doc Num: _____
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Inspection Date:
04/25/2013

Document Number:
670200377

Overall Inspection:
Satisfactory

Operator Information:

OGCC Operator Number: 100185 Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: DENVER State: CO Zip: 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: NENW Sec: 31 Twp: 7S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/07/2012	663800448	PR	PR	S			N

Inspector Comment:

Enardo valve at tank battery venting at time of inspection. Spoke with operator who had the pumper visit the site. Adjustments reportedly made to separators to correct the problem.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
270993	WELL	PR	04/12/2004	GW	045-09811	SHIDELER 31-5A (C31E)	X
271009	WELL	PR	02/01/2011	GW	045-09821	SHIDELER 31-4A (C31E)	X
283577	WELL	AL	05/24/2011	LO	045-11956	SHIDELER 20-16D (C31E)	
283591	WELL	AL	05/24/2011	LO	045-11954	SHIDELER 30-14C (C31E)	
283592	WELL	AL	05/24/2011	LO	045-11955	SHIDELER 30-15C (C31E)	
283593	WELL	AL	05/24/2011	LO	045-11953	SHIDELER 36-9C (C31E)	
283594	WELL	AL	05/24/2011	LO	045-11952	SHIDELER 31-2 (C31E)	
283595	WELL	AL	05/24/2011	LO	045-11951	SHIDELER 31-2A (C31E)	
414515	WELL	PR	03/19/2011	GW	045-18862	SHIDELER 25-16A (C31E)	X
414521	WELL	PR	02/07/2011	GW	045-18864	SHIDELER 30-13A (C31E)	X
414534	WELL	PR	02/01/2011	GW	045-18865	SHIDELER 31-6A (C31E)	X
414546	WELL	PR	02/01/2011	GW	045-18866	SHIDELER 31-3C (C31E)	X
414733	WELL	PR	12/05/2010	GW	045-18869	SHIDELER 31-4C (C31E)	X
414743	WELL	PR	11/15/2010	GW	045-18874	SHIDELER 31-5B (C31E)	X
414745	WELL	PR	11/30/2010	GW	045-18875	SHIDELER 31-3D (C31E)	X
414747	WELL	PR	02/01/2011	GW	045-18876	SHIDELER 30-15D (C31E)	X
414766	WELL	PR	02/06/2011	GW	045-18889	SHIDELER 30-14D (C31E)	X

414771	WELL	PR	03/11/2011	GW	045-18894	SHIDELER 25-15A (C31E)	X
414784	WELL	PR	11/11/2010	GW	045-18902	SHIDELER 25-15D (C31E)	X
414789	WELL	PR	04/13/2011	GW	045-18905	SHIDELER 30-13C (C31E)	X
414790	WELL	PR	01/30/2011	LO	045-18906	SHIDELER 25-9C1	X
414997	WELL	PR	11/18/2010	GW	045-18948	SHIDELER 36-9D (C31E)	X

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>14</u>	Production Pits: _____
Condensate Tanks: <u>6</u>	Water Tanks: _____	Separators: <u>14</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: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Unsatisfactory	Wellhead signs need 1/4 1/4 section.	Install sign to comply with rule 210.d.	05/24/2013

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL		Pad appears to be used as a parking lot. Some waddles, pipe and other equipment on location.		

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	4	Satisfactory	descaler units		
Vertical Heated Separator	16	Unsatisfactory	No secondary containment for separators.	Provide secondary containment for separators.	05/24/2013
Bird Protectors	5	Satisfactory			
Gas Meter Run	1	Satisfactory			
Gathering Line	1	Satisfactory			

Emission Control Device	1	Satisfactory		
Plunger Lift	16	Satisfactory		

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment:	24 bbl methanol tank in same berm as 500 bbl tanks.	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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	500 BBLS	STEEL AST	39.408980,-107.712640
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
YES	Enardo valve venting at tank battery at time of inspection.

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory			

Predrill

Location ID: 414530

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: 270993 Type: WELL API Number: 045-09811 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 271009 Type: WELL API Number: 045-09821 Status: PR Insp. Status: PR

Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414515	Type:	WELL	API Number: 045-18862
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414521	Type:	WELL	API Number: 045-18864
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414534	Type:	WELL	API Number: 045-18865
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414546	Type:	WELL	API Number: 045-18866
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414733	Type:	WELL	API Number: 045-18869
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414743	Type:	WELL	API Number: 045-18874
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414745	Type:	WELL	API Number: 045-18875
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414747	Type:	WELL	API Number: 045-18876
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414766	Type:	WELL	API Number: 045-18889
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414771	Type:	WELL	API Number: 045-18894
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				
Facility ID:	414784	Type:	WELL	API Number: 045-18902
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: <input type="text" value="plunger lift"/>				

Facility ID: 414789 Type: WELL API Number: 045-18905 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 414790 Type: WELL API Number: 045-18906 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 414997 Type: WELL API Number: 045-18948 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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): 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: HAY MEADOW, IRRIGATED

Comment:

1003a. Debris removed? Pass CM CA Waste Material Onsite? Pass CM CA Unused or unneeded equipment onsite? CM CA Pit, cellars, rat holes and other bores closed? Pass CM CA

Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass 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: HAY MEADOW, IRRIGATED _____

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
Tackifiers	Pass					
Check Dams	Pass	Culverts	Pass	MHSP	Pass	

Inspector Name: BURGER, CRAIG

Ditches	Pass					
Slope Roughening	Pass					
Sediment Traps	Pass					

S/U/V: Satisfactory Corrective Date: _____

Comment: Location adjacent to Mamm Cr Road.

CA: _____