

**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

Inspection Date:

05/07/2013

Document Number:

663800977

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	334653	334653	LONGWORTH, MIKE	<input type="checkbox"/> 2A Doc Num: _____

**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: NWNE Sec: 15 Twp: 7S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
270427	WELL	PR	01/01/2005	GW	045-09558	CLEM 15-13	<input checked="" type="checkbox"/>
298053	WELL	PR	07/18/2009	GW	045-17045	CLEM JR. 15-7BB(PB-15)	<input checked="" type="checkbox"/>
298056	WELL	PR	07/14/2009	GW	045-17046	CLEM JR. 15-3(PB-15)	<input checked="" type="checkbox"/>
298060	WELL	PR	07/05/2009	GW	045-17047	CLEM JR. 15-6 (PB-15)	<input checked="" type="checkbox"/>
298061	WELL	PR	07/09/2009	GW	045-17048	CLEM JR. 15-6BB(PB-15)	<input checked="" type="checkbox"/>
298062	WELL	PR	07/14/2009	GW	045-17049	CLEM JR. 15-2BB(PB-15)	<input checked="" type="checkbox"/>
298393	WELL	PR	08/09/2009	GW	045-17181	CLEM JR. 15-8 (PB-15)	<input checked="" type="checkbox"/>
298394	WELL	PR	08/07/2009	GW	045-17180	CLEM JR. 15-7(PB-15)	<input checked="" type="checkbox"/>
298395	WELL	PR	08/12/2009	GW	045-17179	CLEM JR. 15-1BB (PB-15)	<input checked="" type="checkbox"/>
298711	WELL	PR	07/02/2009	GW	045-17378	CLEM JR. 15-3BB(PB-15)	<input checked="" type="checkbox"/>
418329	PIT		07/19/2010		-	PB-15	<input 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>Lease Road:</b>				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

<b>Signs/Marker:</b>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
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
LOCATION	Satisfactory			

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Bird Protectors	6	Satisfactory			
Horizontal Heated Separator	10	Unsatisfactory	no berm around separators	Build a berm around separators	08/31/2013

<b>Facilities:</b>				
<input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,
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
Corrective Action				Corrective Date
Comment				

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	300 BBLS	STEEL AST	39.442620,107.982650	
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	Adequate	
Corrective Action				Corrective Date	
Comment					
<b>Venting:</b>					
Yes/No		Comment			
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

**Predrill**

Location ID: 334653

**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: 270427 Type: WELL API Number: 045-09558 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298053 Type: WELL API Number: 045-17045 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298056 Type: WELL API Number: 045-17046 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298060 Type: WELL API Number: 045-17047 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298061 Type: WELL API Number: 045-17048 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298062 Type: WELL API Number: 045-17049 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298393 Type: WELL API Number: 045-17181 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298394 Type: WELL API Number: 045-17180 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298395 Type: WELL API Number: 045-17179 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298711 Type: WELL API Number: 045-17378 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing 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:**

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: \_\_\_\_\_

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? Pass 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 REVEGETATION**Cropland

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:**

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
Compaction	Pass	Compaction	Pass			
Gravel	Pass	Gravel	Pass			
Ditches	Pass	Ditches	Pass			
Seeding		Culverts	Pass			
Berms	Pass	Berms	Pass	MHSP	Pass	

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

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

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

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

Permit:	Facility ID	Permit Num	Expiration Date
	418329	2607838	
	418329	2607838	