

**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
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Inspection Date:

06/06/2013

Document Number:

670200531

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>257180</u>	<u>334561</u>	<u>BURGER, CRAIG</u>	<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: NESE Sec: 11 Twp: 7S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/06/2004	200053565	PR	PR	S	I	P	N
09/10/2002	200038702	PR	PR	S		P	N
03/08/2001	200015662	PR	PR	S		P	N

Inspector Comment:

Location contains facilities for wells on location 334589.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
257180	WELL	PR	06/01/2002	GW	045-07529	SCHAEFFER 11-8 (I11W)	<input checked="" type="checkbox"/>
257181	WELL	PR	01/30/2001	GW	045-07530	SCHAEFFER 11-16 (I11W)	<input checked="" type="checkbox"/>
257183	WELL	PR	01/30/2001	GW	045-07532	SCHAEFFER 11-9 (I11W)	<input checked="" type="checkbox"/>
257184	WELL	PR	06/01/2002	GW	045-07533	SCHAEFFER 12-12 (I11W)	<input checked="" type="checkbox"/>
281186	WELL	PR	04/18/2007	GW	045-11405	SHAEFFER 12-12B (I11W)	<input checked="" type="checkbox"/>
281187	WELL	PR	04/21/2007	GW	045-11406	SHAEFFER 11-9C (I11W)	<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

Inspector Name: BURGER, CRAIG

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
BATTERY	Satisfactory			
WELLHEAD	Unsatisfactory	Signs need 1/4 1/4 section.	Install signs to comply with rule 210.d.	07/08/2013

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

Comment: _____

Corrective Action: _____

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

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Flow Line	1	Satisfactory			
Vertical Heated Separator	5	Satisfactory			
Gas Meter Run	1	Satisfactory			
Plunger Lift	3	Satisfactory			
Bird Protectors	6	Satisfactory			
Horizontal Heated Separator	4	Satisfactory			
Deadman # & Marked	4	Satisfactory	Some not marked.		

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.459390,-107.736830

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
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334561

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: 257180 Type: WELL API Number: 045-07529 Status: PR Insp. Status: PR

Inspector Name: BURGER, CRAIG

Producing Well

Comment: no plunger lift

Facility ID: 257181 Type: WELL API Number: 045-07530 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 257183 Type: WELL API Number: 045-07532 Status: PR Insp. Status: PR

Producing Well

Comment: no plunger lift

Facility ID: 257184 Type: WELL API Number: 045-07533 Status: PR Insp. Status: PR

Producing Well

Comment: no plunger lift

Facility ID: 281186 Type: WELL API Number: 045-11405 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 281187 Type: WELL API Number: 045-11406 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): N _____

Comment: _____

Pilot: _____ 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? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? Pass

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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? Pass

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

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
Gravel	Pass					
Compaction	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass			

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

Comment: _____

CA: _____