

**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:

670200532

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	271440	334642	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: NWNE 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)
02/07/2006	200088583	PR	WO	S		P	N

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

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
271436	WELL	PR	06/11/2006	GW	045-09884	PARADISE 11-8B (B11BW)	<input checked="" type="checkbox"/>
271438	WELL	PR	06/17/2006	GW	045-09882	PARADISE 11-2B (B11BW)	<input checked="" type="checkbox"/>
271440	WELL	PR	06/17/2006	GW	045-09881	PARADISE 11-1B (B11BW)	<input checked="" type="checkbox"/>
272962	WELL	PR	06/12/2006	GW	045-10198	PARADISE 11-2C (B11BW)	<input checked="" type="checkbox"/>
274452	WELL	PR	05/19/2006	GW	045-13349	PARADISE 11-7A (B11BW)	<input checked="" type="checkbox"/>
274453	WELL	PR	06/16/2006	GW	045-13350	PARADISE 11-3A (B11BW)	<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

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

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?				

<b>Equipment:</b>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	3	Satisfactory			
Gas Meter Run	1	Satisfactory			
Ancillary equipment	1	Satisfactory	Portable toilet.		
Deadman # & Marked	5	Satisfactory	Some not marked.		
Gathering Line	1	Satisfactory			
Vertical Heated Separator	5	Satisfactory			
Plunger Lift	5	Satisfactory			
Emission Control Device	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			

**Facilities:** ☐ 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: \_\_\_\_\_

**Paint**

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

**Berms**

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	300 BBLS	STEEL AST	39.465030,-107.738400	
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			
NO					
<b>Flaring:</b>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

**Predrill**

Location ID: 334642

**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: 271436 Type: WELL API Number: 045-09884 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: 271438 Type: WELL API Number: 045-09882 Status: PR Insp. Status: PR

**Producing Well**Comment: Facility ID: 271440 Type: WELL API Number: 045-09881 Status: PR Insp. Status: SI**Idle Well**Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: S/V:  CA Date: CA: Comment: Facility ID: 272962 Type: WELL API Number: 045-10198 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 274452 Type: WELL API Number: 045-13349 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 274453 Type: WELL API Number: 045-13350 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): YComment: 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:	
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Comment:

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

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Inspector Name: BURGER, CRAIG

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			
Seeding	Pass					
Berms	Pass	Gravel	Pass			

S/U/V: Satisfactory

Corrective Date:

Comment:

CA: