

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:
06/13/2013

Document Number:
667601421

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>430280</u>	<u>430283</u>	<u>HICKEY, MIKE</u>	2A Doc Num:	

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
Harrison, Mathew		Matthew.Harrison@encana.com	DJ Regulatory

Compliance Summary:

QtrQtr: NWNE Sec: 2 Twp: 2N Range: 66W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/08/2013	667601186	DG	WO	S	I		N

Inspector Comment:

Fracture treatment observation at API #05-123-36111, lone 1A-2H. "Zipper process" working two wells at aq time. While one is being fractured, the other is being plugged and perfed and then switch. Cased hole.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
430278	WELL	DG	02/15/2013	LO	123-36109	IONE 1E-2H	X
430279	WELL	DG	02/15/2013	LO	123-36110	IONE 1B-2H	X
430280	WELL	DG	02/15/2013	LO	123-36111	IONE 1A-2H	X
430281	WELL	DG	02/15/2013	LO	123-36112	IONE 1D-2H	X
430282	WELL	DG	02/15/2013	LO	123-36113	IONE 1C-2H	X
430348	WELL	DG	02/15/2013	LO	123-36135	IONE 1F-2H	X

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>6</u>	Production Pits: _____
Condensate Tanks: <u>30</u>	Water Tanks: <u>12</u>	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>12</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

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

Inspector Name: HICKEY, MIKE

Corrective Action:

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

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 430283

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	deranleg	Tank batteries shall be constructed with a synthetic or clay liner to prevent spilled or leaked fluids from infiltrating.	09/17/2012

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: 430278 Type: WELL API Number: 123-36109 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: Halliburton Stimulation Type: HYDRAULIC FRAC

Observation:

Other: _____

Maximum Casing Recorded: 3600 PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) 3636

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430279 Type: WELL API Number: 123-36110 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430280 Type: WELL API Number: 123-36111 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430281 Type: WELL API Number: 123-36112 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430282 Type: WELL API Number: 123-36113 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 430348 Type: WELL API Number: 123-36135 Status: DG Insp. Status: WO

Well Stimulation

Stimulation Company: _____ Stimulation Type: _____
 Other: _____
Observation:
 Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

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: RANGELAND
 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? _____ P _____

Comment:

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND _____

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
Ditches	Pass	Gravel	Pass			

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

Comment:

CA: