

**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:

06/20/2013

Document Number:

670200590

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>
	275900	334643	BURGER, CRAIG	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
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Inspections, General		cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: NWSW Sec: 15 Twp: 7S Range: 93W**Inspector Comment:**

No sign of abandoned location 045-09988 on pad.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
270931	WELL	PR	06/11/2004	GW	045-09805	SOURS 15-11A (L15W)	<input checked="" type="checkbox"/>
270932	WELL	PR	05/07/2013	GW	045-09804	SOURS 15-11B (L15W)	<input checked="" type="checkbox"/>
270940	WELL	PR	11/05/2012	GW	045-09803	SOURS 15-13A (L15W)	<input checked="" type="checkbox"/>
271504	WELL	PR	06/02/2004	GW	045-09896	SOURS 15-14A (L15W)	<input checked="" type="checkbox"/>
271956	WELL	AL	09/02/2004	LO	045-09988	HMU 16-15A (L15W)	<input checked="" type="checkbox"/>
275900	WELL	PR	11/01/2012	GW	045-10396	ROSE 15-12A (L15W)	<input checked="" type="checkbox"/>
275901	WELL	PR	08/23/2005	GW	045-10397	ROSE 15-11D (L15W)	<input checked="" type="checkbox"/>
275902	WELL	PR	09/01/2011	GW	045-10398	ROSE 15-13D (L15W)	<input checked="" type="checkbox"/>
275903	WELL	PR	08/30/2005	GW	045-10399	ROSE 15-15B (L15W)	<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 Motors: _____	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
BATTERY	Satisfactory			
WELLHEAD	Unsatisfactory	Signs need 1/4 1/4 section.	Install signs to comply with rule 210.d.	07/17/2013
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?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	cattle panel		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Pig Station	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Bird Protectors	2	Satisfactory			
Plunger Lift	8	Satisfactory			
Gathering Line	1	Satisfactory			
Deadman # & Marked	4	Satisfactory	2 markers down		
Vertical Heated Separator	8	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 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:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	500 BBLS	STEEL AST	39.443620,-107.768190	
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			
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 334643

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: 270931 Type: WELL API Number: 045-09805 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 270932 Type: WELL API Number: 045-09804 Status: PR Insp. Status: PR

Inspector Name: BURGER, CRAIG

Producing Well

Comment:

Facility ID: 270940 Type: WELL API Number: 045-09803 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271504 Type: WELL API Number: 045-09896 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 271956 Type: WELL API Number: 045-09988 Status: AL Insp. Status: AL

Facility ID: 275900 Type: WELL API Number: 045-10396 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 275901 Type: WELL API Number: 045-10397 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 275902 Type: WELL API Number: 045-10398 Status: PR Insp. Status: PR

Producing Well

Comment:

Facility ID: 275903 Type: WELL API Number: 045-10399 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): 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? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass1003d. 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? PassProduction areas have been stabilized? Pass Segregated soils have been replaced? Pass**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 Pass**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 _____

Inspector Name: BURGER, CRAIG

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
Berms	Pass	Culverts	Pass	MHSP	Pass	
Compaction	Pass	Rip Rap	Pass			
		Sediment Traps	Pass			
		Gravel	Pass			
Seeding	Pass	Ditches	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: Pipeline construction in progress on portions of access road.
BMP's not yet in place.

CA: _____