

Inspector Name: BROWNING, CHUCK

**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:

06/25/2013

Document Number:

668401468

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	231699	315879	BROWNING, CHUCK	<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
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:Qtr/Qtr: NWSW Sec: 33 Twp: 2S Range: 102W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/18/2012	668400733	SI	AC	S	I		N
10/06/2010	200276202	MI	AC	S			N
08/24/2009	200217485	RT	AC	S			N
09/11/2008	200200572	RT	AC	S			N
07/16/2007	200114791	RT	SI	S	I	P	N
07/18/2006	200093566	RT	AC	S		P	N
05/16/2005	200071465	RT	AC	S		P	N
08/18/2004	200059701	RT	AC	S		P	N
09/18/2003	200044031	RT	SI	S		P	N
09/17/2002	200030735	RT	AC	S		P	N
09/25/2000	200011572	RT	AC	S		P	N

Inspector Comment:

UIC-Routine Inspection. Active injection at time of inspection. Wellhead in shed, 2-400 & 1-300 bbl steel tank w/ metal berms, Pump house next to tank battery.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
231699	WELL	SI	08/12/2011	ERIW	103-09370	DRAGON TRAIL UNIT 1121	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Main	Satisfactory			
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Prime Mover	1	Satisfactory	Secondary containment ?		

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Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	3	OTHER	STEEL AST		
S/U/V:	Satisfactory		Comment: _____		
Corrective Action:					Corrective Date: _____
Paint					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 2-400 bbl & 1-300 bbl _____					
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: 315879

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: 231699 Type: WELL API Number: 103-09370 Status: SI Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 440
(e.g. 30 psig or -30" Hg)Previous Test Pressure _____ MPP _____
Inj Zone: MNCSA

TC: Pressure or inches of Hg 2

Previous Test Pressure _____ Last MIT: 10/06/2010

Brhd: Pressure or inches of Hg 0

Previous Test Pressure _____ AnnMTReq: _____

Comment: UIC-Routine Inspection. Active injection at time of inspection.
Wellhead inside shed. 3-400 steel tanks w/ earth berms, Pumphouse. Separator, Meter

Method of Injection: _____

Test Type: _____

Tbg psi: _____

Csg psi: _____

BH psi: _____

Insp. Status: _____

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:

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?	<u>Pass</u>	CM _____	
CA _____			CA Date _____
Guy line anchors removed?	<u> </u>	CM _____	
CA _____			CA Date _____
Guy line anchors marked?	<u>Pass</u>	CM _____	
CA _____			CA Date _____

1003b.	Area no longer in use?	<u>Pass</u>	Production areas stabilized ?	<u>Pass</u>
1003c.	Compacted areas have been cross ripped?	<u>Pass</u>		
1003d.	Drilling pit closed?	<u>Pass</u>	Subsidence over on drill pit?	<u>Pass</u>
	Cuttings management: _____			
1003e.	Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing?			<u>Pass</u>
	Production areas have been stabilized?	<u>Pass</u>	Segregated soils have been replaced?	

Cropland

Top soil replaced Recontoured Perennial forage re-established

Top soil replaced Recontoured 80% Revegetation

1003 f. Weeds Noxious weeds? P

Comment:

Overall Interim Reclamation	Pass
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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
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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

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass	MHSP	Pass	

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S/U/V: Satisfactory Corrective Date:

Comment:

CA: