

**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:

08/16/2013

Document Number:

670200782

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	267639	334622	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
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Inspections, General		cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: NWNW Sec: 14 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)
01/11/2005	200067655	PR	PR	S		P	N

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
265888	WELL	PR	07/26/2003	GW	045-09081	ROSE RANCH 14-4 (D14)	<input checked="" type="checkbox"/>
265889	WELL	PR	07/26/2003	GW	045-09080	ROSE RANCH 15-7A (D14)	<input checked="" type="checkbox"/>
265891	WELL	PR	07/27/2003	GW	045-09088	ROSE RANCH 14-3C (D14)	<input checked="" type="checkbox"/>
265892	WELL	PR	08/20/2003	GW	045-09087	ROSE RANCH 14-6B (D14)	<input checked="" type="checkbox"/>
265893	WELL	SI	04/08/2013	GW	045-09086	ROSE RANCH 15-8 (D14)	<input checked="" type="checkbox"/>
265895	WELL	PR	07/24/2003	GW	045-09084	ROSE RANCH 11-13 (D14)	<input checked="" type="checkbox"/>
265896	WELL	PR	08/10/2003	GW	045-09083	ROSE RANCH 14-5B (D14)	<input checked="" type="checkbox"/>
267639	WELL	PR	08/25/2003	GW	045-09207	ROSE RANCH 10-16D (D14)	<input checked="" type="checkbox"/>
272391	WELL	AL	10/19/2006	LO	045-10072	ROSE RANCH 14-4C (D14)	<input type="checkbox"/>
272392	WELL	AL	02/18/2005	LO	045-10071	ROSE RANCH 15-2A (D14)	<input type="checkbox"/>
272408	WELL	PR	05/23/2005	GW	045-10081	ROSE RANCH 11-14A (D14)	<input checked="" type="checkbox"/>
272409	WELL	PR	01/14/2006	GW	045-10080	ROSE RANCH 14-4A (D14)	<input checked="" type="checkbox"/>
272410	WELL	AL	10/12/2006	LO	045-10079	ROSE RANCH 14-5A (D14)	<input type="checkbox"/>
276284	WELL	PR	05/07/2005	GW	045-10438	ROSE RANCH 14-3D (D14W)	<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**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Signs need 1/4 1/4 section. See compliance schedule COGCC document number #2369022.		
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WEEDS	Unsatisfactory	Weeds on location.	Manage weeds.	09/13/2013

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
SEPARATOR	Unsatisfactory	Cows were on location at time of inspection and no fencing is present.	Prevent access to equipment by cows.	09/13/2013

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	3	Satisfactory	descaler units		
Gas Meter Run	1	Satisfactory			
Plunger Lift	11	Satisfactory			
Gathering Line	1	Satisfactory			
Bird Protectors	3	Satisfactory			
Vertical Heated Separator	11	Satisfactory			
Deadman # & Marked	20	Satisfactory			

Facilities:		<input type="checkbox"/> 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:
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
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	39.450700,-107.749950	
S/U/V:	Satisfactory		Comment:	Insulated corrugated metal enclosure around piping.	
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
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: 334622

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: 265888 Type: WELL API Number: 045-09081 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 265889 Type: WELL API Number: 045-09080 Status: PR Insp. Status: PR

Producing WellComment: Facility ID: 265891 Type: WELL API Number: 045-09088 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 265892 Type: WELL API Number: 045-09087 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 265893 Type: WELL API Number: 045-09086 Status: SI Insp. Status: PR**Producing Well**Comment: Facility ID: 265895 Type: WELL API Number: 045-09084 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 265896 Type: WELL API Number: 045-09083 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 267639 Type: WELL API Number: 045-09207 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 272408 Type: WELL API Number: 045-10081 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 272409 Type: WELL API Number: 045-10080 Status: PR Insp. Status: PR**Producing Well**Comment: Facility ID: 276284 Type: WELL API Number: 045-10438 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? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? Fail 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 REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____ P _____

Inspector Name: BURGER, CRAIG

Comment: Pad occupies a larger area than necessary.

Overall Interim Reclamation Fail

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 _____

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	Ditches	Pass			
Rip Rap	Pass	Gravel	Pass			
Ditches	Pass	Compaction	Pass			
Blankets	Pass	Culverts	Pass	MHSP	Pass	

S/U/V: Satisfactory Corrective Date: _____

Comment: Erosion rills present on cut slopes on location.

CA: _____