

**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 |
|----|----|----|----|

Inspection Date:

08/16/2013

Document Number:

670200787

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |  |
|---------------------|-------------|--------|-----------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection                         |
|                     | 257220      | 334593 | BURGER, CRAIG   | <input type="checkbox"/> 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: SESW Sec: 13 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) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 05/26/2011 | 200311708 | SR         | PR          | U                            |          |                | Y               |
| 01/30/2009 | 200203536 | PR         | PR          | S                            |          |                | N               |
| 10/10/2002 | 200038740 | PR         | PR          | S                            |          | P              | N               |
| 06/19/2002 | 200029417 | PR         | PR          | S                            |          | P              | N               |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------------------------------|
| 257218      | WELL | PR     | 02/08/2001  | GW         | 045-07534 | ROLES 13-14        | <input checked="" type="checkbox"/> |
| 257220      | WELL | PR     | 06/01/2002  | GW         | 045-07536 | ROE 13-13          | <input checked="" type="checkbox"/> |
| 257221      | WELL | PR     | 04/20/2000  | GW         | 045-07537 | ROE 13-12          | <input checked="" type="checkbox"/> |
| 258297      | WELL | PR     | 06/01/2002  | GW         | 045-07634 | ROLES 13-11R (N13) | <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**

| <b>Signs/Marker:</b> |                             |   |   |            |
|----------------------|-----------------------------|---|---|------------|
| 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              | Unsatisfactory              | Incorrect API # and well name on separator for Roles 13-11R well.                   | Install sign to comply with rule 210.d. | 09/20/2013 |
| TANK LABELS/PLACARDS | Satisfactory                |   |   |            |

Emergency Contact Number: (S/U/V) Satisfactory \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                             |                    |                   |            |
|---------------------------|-----------------------------|--------------------|-------------------|------------|
| Type                      | Satisfactory/Unsatisfactory | Comment            | Corrective Action | CA Date    |
| WEEDS                     | Unsatisfactory              | Weeds on location. | Manage weeds.     | 09/20/2013 |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                             |              |                   |         |
|------------------|-----------------------------|--------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment      | Corrective Action | CA Date |
| SEPARATOR        | Satisfactory                | cattle panel |                   |         |
| WELLHEAD         | Satisfactory                | cattle panel |                   |         |

| <b>Equipment:</b>           |   |                             |                                |                   |         |
|-----------------------------|---|-----------------------------|--------------------------------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment                        | Corrective Action | CA Date |
| Gathering Line              | 1 | Satisfactory                |                                |                   |         |
| Plunger Lift                | 3 | Satisfactory                |                                |                   |         |
| Gas Meter Run               | 1 | Satisfactory                |                                |                   |         |
| Deadman # & Marked          | 1 | Satisfactory                | At least one unmarked deadman. |                   |         |
| Bird Protectors             | 4 | Satisfactory                |                                |                   |         |
| Horizontal Heated Separator | 4 | Satisfactory                |                                |                   |         |

|                        |              |                                   |                     |                             |  |
|------------------------|--------------|-----------------------------------|---------------------|-----------------------------|--|
| <b>Facilities:</b>     |              | <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 300 bbl tanks. |  |
| Corrective Action:     |              |                                   |                     | Corrective Date:            |  |
| <u>Paint</u>           |              |                                   |                     |                             |  |
| Condition              | Inadequate   |                                   |                     |                             |  |
| Other (Content) _____  |              |                                   |                     |                             |  |
| Other (Capacity) _____ |              |                                   |                     |                             |  |
| Other (Type) _____     |              |                                   |                     |                             |  |
| <u>Berms</u>           |              |                                   |                     |                             |  |
| 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           | 39.440760,-107.724500 |  |
| S/U/V:                 | Satisfactory |                                   | Comment:            |                       |  |
| 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 Sufficent                   | Base Sufficent      | Adequate              |  |
| Corrective Action      |              |                                   |                     | Corrective Date       |  |
| Comment                |              |                                   |                     |                       |  |

  

|                 |         |  |  |
|-----------------|---------|--|--|
| <b>Venting:</b> |         |  |  |
| Yes/No          | Comment |  |  |
| NO              |         |  |  |

  

|                 |                             |         |                   |         |  |
|-----------------|-----------------------------|---------|-------------------|---------|--|
| <b>Flaring:</b> |                             |         |                   |         |  |
| Type            | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |  |
|                 |                             |         |                   |         |  |

**Predrill**

Location ID: 334593

**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: 257218 Type: WELL API Number: 045-07534 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: 257220 Type: WELL API Number: 045-07536 Status: PR Insp. Status: PR

**Producing Well**Comment: Facility ID: 257221 Type: WELL API Number: 045-07537 Status: PR Insp. Status: SI**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: S/V:  CA Date: CA: Comment: Facility ID: 258297 Type: WELL API Number: 045-07634 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:**DWR Receipt Num:  Owner Name:  GPS :  Lat  Long **Field Parameters:**Sample Location: Emission Control Burner (ECB): NComment: 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 |

Comment:

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Inspector Name: BURGER, CRAIG

|                 |      |          |      |  |  |  |
|-----------------|------|----------|------|--|--|--|
| Retention Ponds | Pass | Ditches  | Pass |  |  |  |
| Ditches         | Pass | Culverts | Pass |  |  |  |

S/U/V: Satisfactory Corrective Date:

Comment: Erosion in sections of ditches on access road.

CA: