

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



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Inspection Date:
10/31/2013

Document Number:
673300079

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	334142	334142	Lamont, Rich	2A Doc Num:	

Operator Information:

OGCC Operator Number: _____

Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: DENVER State: CO Zip: 80202-

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED
- INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Inspection, Encana		cogcc.inspections@encana.com	
KELLERBY, SHAUN		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: NWNW Sec: 14 Twp: 8S Range: 96W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283724	WELL	PR	05/19/2007	GW	077-09029	FIVE R 15-1 (D14OU)	PR	<input checked="" type="checkbox"/>
283725	WELL	PR	03/09/2006	GW	077-09028	FIVE R 14-3 (D14OU)	PR	<input checked="" type="checkbox"/>
283726	WELL	PR	04/27/2007	GW	077-09027	FIVE R 11-13 (D14OU)	PR	<input checked="" type="checkbox"/>
283727	WELL	PR	05/01/2011	GW	077-09030	FIVE R 14-4 (D14OU)	PR	<input checked="" type="checkbox"/>
287193	WELL	PR	08/01/2007	GW	077-09159	FIVE R FEDERAL 14-5 (D14OU)	PR	<input checked="" type="checkbox"/>
421238	WELL	PR	06/19/2012	GW	077-10146	ORCHARD UNIT 15-12H (D14OU)	PR	<input checked="" type="checkbox"/>
421554	WELL	PR	06/19/2012	GW	077-10149	ORCHARD UNIT 23-10HM (D14OU)	PR	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits: <u>1</u>	Drilling Pits: _____	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: <u>4</u>	Water Tanks: _____	Separators: <u>7</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
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
TANK LABELS/PLACARDS	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD				
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory			
WEEDS	Satisfactory			
TRASH	Satisfactory			
DEBRIS	Satisfactory			

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
	Satisfactory			

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	5	Satisfactory			
Gas Meter Run	1	Satisfactory			
Vertical Heated Separator	2	Satisfactory			
Ancillary equipment	2	Satisfactory	1 methanol tank located at gas line at location entrance contained. 1 chemical located at wellhead - contained		
Horizontal Heated Separator	3	Satisfactory			
Bird Protectors	6	Satisfactory			

Facilities: <input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	500 BBLS	STEEL AST	,
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				

Facilities: <input type="checkbox"/> New Tank		Tank ID: _____		
Contents	#	Capacity	Type	SE GPS
CONDENSATE	4	300 BBLS	STEEL AST	39.355320,108.084460
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

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill				
Location ID: <u>334142</u>				
Site Preparation:				
Lease Road Adeq.: _____		Pads: _____		Soil Stockpile: _____
S/U/V: <u>Satisfactory</u>				

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczko	Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., BMPs associated with stormwater management) sufficiently protective of the nearby surface water.	10/19/2010
OGLA	kubeczko	The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of table 910-1.	10/19/2010
OGLA	kubeczko	Operator must implement best management practices to contain any unintentional release of fluids. All pits containing fluids (if constructed; reserve pit, production pit, frac pit) must be lined.	10/19/2010
OGLA	kubeczko	If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids.	10/19/2010
OGLA	kubeczko	Either a lined drilling pit or a closed loop system (which operator has already indicated on the Form 2A) must be implemented.	10/19/2010

S/U/V: Satisfactory **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/U/V: Satisfactory **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

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: 283724 Type: WELL API Number: 077-09029 Status: PR Insp. Status: PR

Producing Well
Comment: PR

Facility ID: 283725 Type: WELL API Number: 077-09028 Status: PR Insp. Status: PR

Producing Well
Comment: PR

Facility ID: 283726 Type: WELL API Number: 077-09027 Status: PR Insp. Status: PR

Producing Well
Comment: PR

Facility ID: 283727 Type: WELL API Number: 077-09030 Status: PR Insp. Status: PR

Producing Well
Comment: PR

Facility ID: 287193 Type: WELL API Number: 077-09159 Status: PR Insp. Status: PR

Producing Well
Comment: PR

Facility ID: 421238 Type: WELL API Number: 077-10146 Status: PR Insp. Status: PR

Producing Well
Comment: PR

Facility ID: 421554 Type: WELL API Number: 077-10149 Status: PR Insp. Status: PR

Producing Well
Comment: PR

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 _____ In _____ 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: _____

Inspector Name: Lamont, Rich

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 _____ Well Release on Active Location Multi-Well Location

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

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

Pits: NO SURFACE INDICATION OF PIT