

**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:

11/20/2013

Document Number:

668701257

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	422019	322858	HELGELAND, GARY	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:

Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 370 17TH ST STE 1700City: 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
J, D		cogcc.djinspections@encana.com	D J Basin

Compliance Summary:QtrQtr: SWSW Sec: 33 Twp: 2N Range: 68W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
244377	WELL	PR	02/21/1985	OG	123-12171	OSKARSON E UNIT 1	PR	<input checked="" type="checkbox"/>
421981	WELL	PR	03/07/2013	GW	123-33122	OSKARSON 4-4-33	PR	<input checked="" type="checkbox"/>
421992	WELL	PR	03/07/2013	LO	123-33124	OSKARSON 4-6-33	PR	<input checked="" type="checkbox"/>
422019	WELL	PR	03/12/2013	LO	123-33132	OSKARSON 2-8-33	PR	<input checked="" type="checkbox"/>
422027	WELL	PR	03/12/2013	GW	123-33134	OSKARSON 4-8-33	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>5</u>	Production Pits: _____
Condensate Tanks: <u>3</u>	Water Tanks: <u>1</u>	Separators: <u>4</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

LocationEmergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Inspector Name: HELGELAND, GARY

Type	Area	Volume	Corrective action	CA Date					
<input type="checkbox"/> Multiple Spills and Releases?									
Venting:									
Yes/No		Comment							
Flaring:									
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date					
Predrill									
Location ID: 422019									
Site Preparation:									
Lease Road Adeq.:		Pads:	Soil Stockpile:						
S/U/V:									
Corrective Action:		Date:	CDP Num.:						
Form 2A COAs:									
S/U/V:		Comment:							
CA:		Date:							
Wildlife BMPs:									
S/U/V:		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:	244377	Type:	WELL	API Number:	123-12171	Status:	PR	Insp. Status:	PR

Facility ID: 421981 Type: WELL API Number: 123-33122 Status: PR Insp. Status: PR

Facility ID: 421992 Type: WELL API Number: 123-33124 Status: PR Insp. Status: PR

Facility ID: 422019 Type: WELL API Number: 123-33132 Status: PR Insp. Status: PR

Facility ID: 422027 Type: WELL API Number: 123-33134 Status: PR Insp. Status: PR

Producing Well

Comment: Site located in Pasture.

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: DRY LAND

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? Pass 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-CroplandTop soil replaced Pass Recontoured Pass 80% Revegetation Pass1003 f. Weeds Noxious weeds? PComment: Site located in Pasture.Overall Interim Reclamation Pass**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RESIDENTIAL

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 _____ 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
Gravel	Pass	Gravel	Pass			

Inspector Name: HELGELAND, GARY

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
668701257	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3232971