

**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:

11/29/2013

Document Number:

600000357

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                  |  |
|---------------------|-------------|--------|------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name:  | On-Site Inspection                         |
|                     | 282565      | 321469 | JOHNSON, RANDELL | <input type="checkbox"/> 2A Doc Num: _____ |

**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                           |
|-------------------|-----------------------------------|--------------------------------|-----------------------------------|
| Harrison, Matthew | O:720-876-3204,<br>C:303-229-4195 | cogcc.djinspections@encana.com | DJ Basin EHS On-Call:303-489-0238 |
| Walter, Judith    |                                   | judith.walter@encana.com       | Regulatory                        |

**Compliance Summary:**

| QtrQtr: <u>NWNW</u> | Sec: <u>12</u> | Twp: <u>1N</u> | Range: <u>69W</u> |                              |          |                |                 |
|---------------------|----------------|----------------|-------------------|------------------------------|----------|----------------|-----------------|
| Insp. Date          | Doc Num        | Insp. Type     | Insp Status       | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 01/11/2007          | 200104548      | DG             | DG                | Satisfactory                 |          | Pass           | No              |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 282565      | WELL | PR     | 01/13/2006  | GW         | 013-06524 | BAILEY 11-12  | FR          | <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 |
|----------------------|-----------------------------|---------|-------------------|---------|
| BATTERY              | Satisfactory                |         |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |

Inspector Name: JOHNSON, RANDELL

|          |              |  |  |  |
|----------|--------------|--|--|--|
| WELLHEAD | Satisfactory |  |  |  |
|----------|--------------|--|--|--|

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

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

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

  

**Spills:**

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

  

**Fencing/:**

| Type     | Satisfactory/Unsatisfactory | Comment      | Corrective Action | CA Date |
|----------|-----------------------------|--------------|-------------------|---------|
| WELLHEAD | Satisfactory                | Pipe fencing |                   |         |

  

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment   | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|---|-------------------|---------|
| Horizontal Heated Separator | 2 | Satisfactory                | SE corner of berm around ECD, meter runs and separators 40.07069, - 105.07801 |                   |         |
| Gas Meter Run               | 3 | Satisfactory                | SE corner of berm around ECD, meter runs and separators 40.07069, - 105.07801 |                   |         |
| Emission Control Device     | 1 | Satisfactory                | SE corner of berm around ECD, meter runs and separators 40.07069, - 105.07801 |                   |         |
| Plunger Lift                | 1 | Satisfactory                | SE corner of fence around wellhead 40.07113, - 105.07276                      |                   |         |

  

**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

| Contents | # | Capacity | Type                | SE GPS                |
|----------|---|----------|---------------------|-----------------------|
|          |   |          | CENTRALIZED BATTERY | 40.070760,-105.077640 |

S/U/V: Satisfactory Comment: Centralized battery services Bailey 11-12 (013-06524), Bailey 21-12 (013-06550), Bailey 22-12 (013-06635), Doniphan Shields 1 (013-06029) & Doniphan Shields 32-11 (013-06557)

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: \_\_\_\_\_

|                    |              |                                   |                |                       |
|--------------------|--------------|-----------------------------------|----------------|-----------------------|
| <b>Facilities:</b> |              | <input type="checkbox"/> New Tank | Tank ID: _____ |                       |
| Contents           | #            | Capacity                          | Type           | SE GPS                |
| PRODUCED WATER     | 1            | OTHER                             | PBV FIBERGLASS | 40.070760,-105.077640 |
| S/U/V:             | Satisfactory | Comment: 150 bbls                 |                |                       |
| 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 |
|---------|

|                    |                                   |                |
|--------------------|-----------------------------------|----------------|
| <b>Facilities:</b> | <input type="checkbox"/> New Tank | Tank ID: _____ |
|--------------------|-----------------------------------|----------------|

|            |   |          |           |                       |
|------------|---|----------|-----------|-----------------------|
| Contents   | # | Capacity | Type      | SE GPS                |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 40.070760,-105.077640 |

|        |              |          |  |  |
|--------|--------------|----------|--|--|
| 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 |
|---------|

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

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

**Predrill**

Location ID: 282565

**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: 282565 Type: WELL API Number: 013-06524 Status: PR Insp. Status: FR

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/V: \_\_\_\_\_ CA Date: \_\_\_\_\_

CA: \_\_\_\_\_

Comment: Producing intermittently

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: JOHNSON, RANDELL

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |            |
| Corrective Action: _____                                  |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                    | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                  |  |                              |            |
| <input style="width:300px" type="text"/>                  |  |                              |            |
| Sample Location: <input style="width:400px" type="text"/> |  |                              |            |
| 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: <input style="width:750px" type="text"/>  |  |
| 1003a. Debris removed? <u>Pass</u> CM _____  |  |
| CA _____   | CA Date _____                              |
| Waste Material Onsite? <u>Pass</u> CM _____  |  |
| CA _____   | CA Date _____                              |
| Unused or unneeded equipment onsite? <u>Pass</u> CM _____  |  |
| CA _____   | CA Date _____                              |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____   |  |
| CA _____   | CA Date _____                              |
| Guy line anchors removed? <u>Pass</u> CM _____   |  |
| CA _____   | CA Date _____                              |
| Guy line anchors marked? _____ 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? _____   |  |
| 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? <u>Pass</u> |  |
| Production areas have been stabilized? <u>Pass</u>   | Segregated soils have been replaced? _____ |

**RESTORATION AND REVEGETATION**

Cropland

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

Inspector Name: JOHNSON, RANDELL

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

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

Overall Interim Reclamation Pass

**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 \_\_\_\_\_

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    |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|------------|
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |            |
| Other            | Pass            | Other                   | Pass                  |               |                          | Vegetation |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |            |

S/U/V: Satisfactory Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT