

**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:

12/20/2013

Document Number:

663902540

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	335649	335649	LONGWORTH, MIKE	<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
Insp., General	970-285-2665	cogcc.inspections@encana.com	
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:QtrQtr: NESW Sec: 25 Twp: 5S Range: 96W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
284094	WELL	PR	03/28/2007	GW	045-12076	N. PARACHUTE WF03D K25A 596	PR	<input checked="" type="checkbox"/>
284095	WELL	PR	04/05/2006	GW	045-12075	N.PARACHUTE WF 14D K25A 596	PR	<input checked="" type="checkbox"/>
284096	WELL	PR	04/09/2008	GW	045-12074	N. PARACHUTE WF06C K25A 596	PR	<input checked="" type="checkbox"/>
284097	WELL	PR	04/05/2006	GW	045-12073	N.PARACHUTE WF03B K25A 596	PR	<input checked="" type="checkbox"/>
284098	WELL	PR	04/05/2006	GW	045-12072	N.PARACHUTE WF06B K25A 596	PR	<input checked="" type="checkbox"/>
284099	WELL	PR	03/28/2007	GW	045-12071	N. PARACHUTE WF02D K25A 596	PR	<input checked="" type="checkbox"/>
284100	WELL	PR	04/05/2006	GW	045-12070	N.PARACHUTE WF 14B K25A 596	PR	<input checked="" type="checkbox"/>
284101	WELL	PR	04/05/2006	GW	045-12069	N.PARACHUTE WF04D K25A 596	PR	<input checked="" type="checkbox"/>
425565	PIT		09/19/2011		-	K25A 596		<input type="checkbox"/>

Equipment:Location Inventory

Inspector Name: LONGWORTH, MIKE

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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	Snow packed		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
CONTAINERS	Satisfactory			
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	2	Satisfactory			
Other	2	Satisfactory	Gas lift sheds		
Plunger Lift	8	Satisfactory			

Venting:

Yes/No	Comment

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335649

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: 284094 Type: WELL API Number: 045-12076 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284095 Type: WELL API Number: 045-12075 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284096 Type: WELL API Number: 045-12074 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284097 Type: WELL API Number: 045-12073 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284098 Type: WELL API Number: 045-12072 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284099 Type: WELL API Number: 045-12071 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284100 Type: WELL API Number: 045-12070 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284101 Type: WELL API Number: 045-12069 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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: _____

Comment: Location snow covered

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? _____ 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 _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation

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: _____

Inspector Name: LONGWORTH, MIKE

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	MHSP	Pass	

S/U/V: Satisfactory Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT