

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
	FIELD INSPECTION FORM				Inspection Date: <u>12/30/2013</u> Document Number: <u>670201091</u> Overall Inspection: <u>Satisfactory</u>			
Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection <input type="checkbox"/>				
	<u>413171</u>	<u>335410</u>	<u>BURGER, CRAIG</u>	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
AHLSTRAND, DENNIS		dennis.ahlstrand@state.co.us	
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Inspections, General		cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr: SENE Sec: 27 Twp: 6S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/28/2011	200300485	PR	PR	Satisfactory			No
08/16/2010	200268397	PR	PR	Satisfactory			No

Inspector Comment:

Added producing wells API#s 045-15913, 045-15914, and 045-15915 to this location.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
277034	WELL	AL	03/04/2005	LO	045-10590	GMR 27-16A (H27NW)	AL	<input type="checkbox"/>
277035	WELL	AL	05/27/2011	LO	045-10589	GMU 27-1 (H27NW)	AL	<input type="checkbox"/>
277036	WELL	AL	03/04/2005	LO	045-10588	GMU 27-8 (H27NW)	AL	<input type="checkbox"/>
277037	WELL	PR	03/17/2009	GW	045-10587	GMR 27-2D (H27NW)	PR	<input checked="" type="checkbox"/>
277038	WELL	AL	03/04/2005	LO	045-10586	GMU 27-9 (H27NW)	AL	<input type="checkbox"/>
296133	WELL	PR		GW	045-15913	GMR 22-16D (H27NW)	PR	<input checked="" type="checkbox"/>
296134	WELL	PR		GW	045-15914	GMU 27-1C (H27NW)	PR	<input checked="" type="checkbox"/>
296135	WELL	PR		GW	045-15915	GMU 26-4B (H27NW)	PR	<input checked="" type="checkbox"/>
413168	WELL	PR	07/13/2010	GW	045-18754	GMU 27-8D (H27NW)	PR	<input checked="" type="checkbox"/>
413169	WELL	PR	07/13/2010	GW	045-18725	GMU 27-8C2 (H27NW)	PR	<input checked="" type="checkbox"/>
413170	WELL	PR	07/10/2010	GW	045-18726	GMU 26-5A2(H27NW)	PR	<input checked="" type="checkbox"/>
413171	WELL	PR	07/10/2010	GW	045-18727	GMU 26-4B2 (H27NW)	PR	<input checked="" type="checkbox"/>

413172	WELL	PR	07/10/2010	GW	045-18728	GMU 27-1C2 (H27NW)	PR	<input checked="" type="checkbox"/>
413173	WELL	PR	07/13/2010	GW	045-18729	GMU 27-8C1 (H27NW)	PR	<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
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory	Signs need 1/4 1/4 section. See compliance schedule COGCC document number #2369022.		
BATTERY	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?				

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Bird Protectors	5	Satisfactory			
Emission Control Device	1	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Gas Meter Run	1	Satisfactory			
Plunger Lift	10	Satisfactory			
Pig Station	1	Satisfactory			
Gathering Line	1	Satisfactory			
Vertical Heated Separator	9	Satisfactory			

Facilities:		<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	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,
S/U/V:	Satisfactory	Comment: same berm as heated tanks		
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
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	HEATED STEEL AST	39.499220,-107.755650	
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				
NO					
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 413171

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: 277037 Type: WELL API Number: 045-10587 Status: PR Insp. Status: PR

Producing Well

Comment: **plunger lift**

Facility ID: 296133 Type: WELL API Number: 045-15913 Status: PR Insp. Status: PR

Producing Well

Comment: **plunger lift**

Facility ID: 296134 Type: WELL API Number: 045-15914 Status: PR Insp. Status: PR

Producing Well

Comment: **plunger lift**

Facility ID: <u>296135</u>	Type: <u>WELL</u>	API Number: <u>045-15915</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>plunger lift</u>				
Facility ID: <u>413168</u>	Type: <u>WELL</u>	API Number: <u>045-18754</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>plunger lift</u>				
Facility ID: <u>413169</u>	Type: <u>WELL</u>	API Number: <u>045-18725</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>plunger lift</u>				
Facility ID: <u>413170</u>	Type: <u>WELL</u>	API Number: <u>045-18726</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>plunger lift</u>				
Facility ID: <u>413171</u>	Type: <u>WELL</u>	API Number: <u>045-18727</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>plunger lift</u>				
Facility ID: <u>413172</u>	Type: <u>WELL</u>	API Number: <u>045-18728</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>plunger lift</u>				
Facility ID: <u>413173</u>	Type: <u>WELL</u>	API Number: <u>045-18729</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
Producing Well				
Comment: <u>plunger lift</u>				

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): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: Snow cover limited inspection.

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 ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass 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? Pass 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 _____

Inspector Name: BURGER, CRAIG

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	Culverts	Pass			
Berms	Pass	Compaction	Pass			

S/U/V: _____ Corrective Date: _____

Comment: Snow cover limited inspection.

CA: _____

Pits: NO SURFACE INDICATION OF PIT