

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:
12/31/2013

Document Number:
663902583

Overall Inspection:
Unsatisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335963	335963	LONGWORTH, MIKE	<input type="checkbox"/>	

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
YOKLEY, BILL		bill.yokley@state.co.us	
Kellerby, Shaun		shaun.kellerby@state.co.us	
Insp., General	970-285-2665	cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr: SENW Sec: 29 Twp: 5S Range: 95W

Inspector Comment:

Location is being used as bone yard and/or storage. No evidence of wells. Production lines present.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
296840	WELL	AL	10/13/2011	LO	045-16160	N. PARACHUTE EF07D-29 F29 59	AL	✗
296841	WELL	AL	10/13/2011	LO	045-16161	N. PARACHUTE EF03B-32 F29 59	AL	✗
296842	WELL	AL	10/13/2011	LO	045-16162	N. PARACHUTE EF15A-29 F29 59	AL	✗
296843	WELL	AL	02/04/2013	LO	045-16163	N. PARACHUTE EF15B-29 F29 59	AL	✗
296844	WELL	AL	10/13/2011	LO	045-16164	N. PARACHUTE EF12C-29 F29 59	AL	✗
296845	WELL	AL	10/13/2011	LO	045-16165	N. PARACHUTE EF12A-29 F29 59	AL	✗
296846	WELL	AL	10/13/2011	LO	045-16166	N. PARACHUTE EF10B-29 F29 59	AL	✗
296847	WELL	AL	10/13/2011	LO	045-16167	N. PARACHUTE EF11B-29 F29 59	AL	✗
296848	WELL	AL	10/13/2011	LO	045-16168	N. PARACHUTE EF11D-29 F29 59	AL	✗
296849	WELL	AL	10/13/2011	LO	045-16169	N. PARACHUTE EF11A-29 F29 59	AL	✗
296850	WELL	AL	10/13/2011	LO	045-16170	N. PARACHUTE EF14A-29 F29 59	AL	✗

296851	WELL	AL	10/13/2011	LO	045-16171	N. PARACHUTE EF14B-29 F29 59	AL	✗
296852	WELL	AL	10/13/2011	LO	045-16172	N. PARACHUTE EF14C-29 F29 59	AL	✗
296853	WELL	AL	10/13/2011	LO	045-16173	N. PARACHUTE EF03A-32 F29 59	AL	✗
296854	WELL	AL	10/13/2011	LO	045-16174	N. PARACHUTE EF02A-32 F29 59	AL	✗
296855	WELL	AL	10/13/2011	LO	045-16175	N. PARACHUTE EF03C-32 F29 59	AL	✗

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

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

Comment: _____

Corrective Action: _____

Spills:

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: 335963

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: 296840 Type: WELL API Number: 045-16160 Status: AL Insp. Status: AL

Facility ID: 296841 Type: WELL API Number: 045-16161 Status: AL Insp. Status: AL

Facility ID: 296842 Type: WELL API Number: 045-16162 Status: AL Insp. Status: AL

Facility ID: 296843 Type: WELL API Number: 045-16163 Status: AL Insp. Status: AL

Facility ID: 296844 Type: WELL API Number: 045-16164 Status: AL Insp. Status: AL

Facility ID: 296845 Type: WELL API Number: 045-16165 Status: AL Insp. Status: AL

Facility ID: <u>296846</u>	Type: <u>WELL</u>	API Number: <u>045-16166</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296847</u>	Type: <u>WELL</u>	API Number: <u>045-16167</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296848</u>	Type: <u>WELL</u>	API Number: <u>045-16168</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296849</u>	Type: <u>WELL</u>	API Number: <u>045-16169</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296850</u>	Type: <u>WELL</u>	API Number: <u>045-16170</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296851</u>	Type: <u>WELL</u>	API Number: <u>045-16171</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296852</u>	Type: <u>WELL</u>	API Number: <u>045-16172</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296853</u>	Type: <u>WELL</u>	API Number: <u>045-16173</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296854</u>	Type: <u>WELL</u>	API Number: <u>045-16174</u>	Status: <u>AL</u>	Insp. Status: <u>AL</u>
Facility ID: <u>296855</u>	Type: <u>WELL</u>	API Number: <u>045-16175</u>	Status: <u>AL</u>	Insp. Status: <u>AL</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): _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: _____

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 _____ 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: **Location is being used as bone yard and/or storage.**

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed **Fail** No disturbance /Location never built **Fail**

Access Roads Regraded **Fail** Contoured **Fail** Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed **Fail** Locations, facilities, roads, recontoured **Fail**

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% **Fail** Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Inspector Name: LONGWORTH, MIKE

Corrective Action:		Date	
Overall Final Reclamation	Fail	Well Release on Active Location	<input type="checkbox"/>
		Multi-Well Location	<input checked="" type="checkbox"/>

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ 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
663902583	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3254783