

**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:

01/07/2014

Document Number:

663902620

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334733	334733	LONGWORTH, MIKE	<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
Insp., General	970-285-2665	cogcc.inspections@encana.com	
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:QtrQtr: NESW Sec: 11 Twp: 7S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
290040	WELL	PR	08/10/2012	GW	045-13964	MAP LLC 11-11(PK11)	PR	<input checked="" type="checkbox"/>
290041	WELL	PR	04/20/2008	GW	045-13963	MAP LLC 11-12 (PK11)	PR	<input checked="" type="checkbox"/>
290042	WELL	PR	11/01/2012	GW	045-13962	MAP LLC 11-13 (PK11)	PR	<input checked="" type="checkbox"/>
290043	WELL	PR	04/19/2008	GW	045-13961	MAP LLC 11-14 (PK11)	PR	<input checked="" type="checkbox"/>
292399	WELL	PR	04/20/2008	GW	045-14721	MAP LLC 11-11BB (PK11)	PR	<input checked="" type="checkbox"/>
292400	WELL	PR	10/01/2012	GW	045-14720	MAP LLC 11-13BB (PK11)	PR	<input checked="" type="checkbox"/>
292488	WELL	SI	10/09/2008	GW	045-14729	MAP LLC 11-12BB (PK11)	SI	<input checked="" type="checkbox"/>
293124	WELL	PR	10/25/2007	GW	045-14899	MAP LLC 11-14BB (PK11)	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 Motors: _____	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	Light snow pack		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	Satisfactory			
CONTAINERS	Satisfactory			
WELLHEAD	Satisfactory			
BATTERY	Satisfactory	County road not posted on sign		

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
Flare	1	Satisfactory	Trailer mounted flare. not in use at time of inspection		
Ancillary equipment	1	Satisfactory	Chemical tote at wells		
Horizontal Heated Separator	8	Satisfactory			
Bird Protectors	2	Satisfactory			
Plunger Lift	3	Satisfactory			
Gas Meter Run	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	4	300 BBLS	STEEL AST	39.450890,107.967600	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
Paint					
Condition	Inadequate				
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			
YES		11-12BB Braden is venting a steady gas flow.			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Field Flare	Satisfactory	Not in use			

Predrill

Location ID: 334733

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: 290040 Type: WELL API Number: 045-13964 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290041 Type: WELL API Number: 045-13963 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290042 Type: WELL API Number: 045-13962 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 290043 Type: WELL API Number: 045-13961 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292399 Type: WELL API Number: 045-14721 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292400 Type: WELL API Number: 045-14720 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 292488 Type: WELL API Number: 045-14729 Status: SI Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: MIT performed 02/09/2013. Doc. # 1772422

Facility ID: 293124 Type: WELL API Number: 045-14899 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:**

Inspector Name: LONGWORTH, MIKE

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

Land Use: _____

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? _____ 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: **Unable to evaluate reclamation due to snow cover.**

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 _____

Inspector Name: LONGWORTH, MIKE

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
Berms		Compaction	Pass	MHSP	Pass	
Seeding		Gravel				
Compaction	Pass	Culverts				
Ditches		Drains				

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: Unable to evaluate BMP maintenance due to snow cover.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT