

**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:

01/02/2014

Document Number:

663902588

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335848</u>	<u>335848</u>	<u>LONGWORTH, MIKE</u>	<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
Kellerby, Shaun		shaun.kellerby@state.co.us	
Insp., General	970-285-2665	cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: NENE Sec: 36 Twp: 5S Range: 96W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
283784	WELL	PR	05/03/2007	GW	045-12002	N. PARACHUTE WF06B A36 596	PR	<input checked="" type="checkbox"/>
283786	WELL	DA	03/16/2007	LO	045-12003	N. PARACHUTE WF02D A36 596	DA	<input checked="" type="checkbox"/>
283788	WELL	PR	01/14/2007	GW	045-12004	N. PARACHUTE WF07B A36 596	PR	<input checked="" type="checkbox"/>
283789	WELL	PR	03/15/2006	GW	045-12005	N. PARACHUTE WF06D A36 596	PR	<input checked="" type="checkbox"/>
283791	WELL	PR	02/01/2011	GW	045-12006	N. PARACHUTE WF07D A36 596	PR	<input checked="" type="checkbox"/>
283796	WELL	PR	03/12/2007	GW	045-11997	N. PARACHUTE WF03D A36 596	PR	<input checked="" type="checkbox"/>
283798	WELL	PR	03/12/2007	GW	045-11996	N. PARACHUTE WF04D A36 596	PR	<input checked="" type="checkbox"/>
283800	WELL	PR	03/12/2007	GW	045-11995	N. PARACHUTE WF02B A36 596	PR	<input checked="" type="checkbox"/>
287277	PIT	AC	10/04/2006		-	A36 596	AC	<input type="checkbox"/>
289595	WELL	PR	03/06/2007	GW	045-13804	N. PARACHUTE WF02D-DX A36 59	PR	<input checked="" type="checkbox"/>
294899	WELL	PR	03/10/2008	GW	045-15628	N. PARACHUTE WF15C-25 A36 59	PR	<input checked="" type="checkbox"/>
294900	WELL	PR	11/02/2008	GW	045-15629	N. PARACHUTE WF15A-25 A36 59	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

294901	WELL	PR	10/13/2008	GW	045-15630	N. PARACHUTE WF07C-36 A36 59	PR	<input checked="" type="checkbox"/>
294902	WELL	PR	10/26/2008	GW	045-15631	N. PARACHUTE WF07A-36 A36 59	PR	<input checked="" type="checkbox"/>
294903	WELL	PR	10/13/2008	GW	045-15632	N. PARACHUTE WF06A-36 A36 59	PR	<input checked="" type="checkbox"/>
294909	WELL	PR	10/25/2008	GW	045-15633	N. PARACHUTE WF03C-36 A36 59	PR	<input checked="" type="checkbox"/>
294910	WELL	PR	10/25/2008	GW	045-15634	N. PARACHUTE WF02A-36 A36 59	PR	<input checked="" type="checkbox"/>
294912	WELL	PR	10/13/2008	GW	045-15636	N. PARACHUTE WF06C-36 A36 59	PR	<input checked="" type="checkbox"/>
294913	WELL	PR	10/23/2008	GW	045-15635	N. PARACHUTE WF02C-36 A36 69	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	Snow packed		

Signs/Marker:

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
------	------	--------	-------------------	---------

☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ancillary equipment	4	Satisfactory	Chemical totes		
Plunger Lift	17	Satisfactory			
Gas Meter Run	4	Satisfactory			

Inspector Name: LONGWORTH, MIKE

Other	4	Satisfactory	Gas lift sheds		
Gathering Line	1	Satisfactory			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	<100 BBLS	STEEL AST	39.577740,108.110210

S/U/V:	Unsatisfactory	Comment:	Tank hatch has been covered with expanded metal and no lid to prevent venting of condensate.
--------	----------------	----------	--

Corrective Action:	Provide a lid to control venting of condensate tank.	Corrective Date:	01/31/2014
--------------------	--	------------------	------------

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

Flaring:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 335848

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: 283784 Type: WELL API Number: 045-12002 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 283786 Type: WELL API Number: 045-12003 Status: DA Insp. Status: DA

Facility ID: 283788 Type: WELL API Number: 045-12004 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 283789 Type: WELL API Number: 045-12005 Status: PR Insp. Status: PR

Producing Well				
Comment: Producing well				
Facility ID: 283791	Type: WELL	API Number: 045-12006	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 283796	Type: WELL	API Number: 045-11997	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 283798	Type: WELL	API Number: 045-11996	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 283800	Type: WELL	API Number: 045-11995	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 289595	Type: WELL	API Number: 045-13804	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294899	Type: WELL	API Number: 045-15628	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294900	Type: WELL	API Number: 045-15629	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294901	Type: WELL	API Number: 045-15630	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294902	Type: WELL	API Number: 045-15631	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294903	Type: WELL	API Number: 045-15632	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294909	Type: WELL	API Number: 045-15633	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				

Facility ID: 294910 Type: WELL API Number: 045-15634 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 294912 Type: WELL API Number: 045-15636 Status: PR Insp. Status: PR

Producing Well

Comment: v

Facility ID: 294913 Type: WELL API Number: 045-15635 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:

Lat Long
 DWR Receipt Num: Owner Name: GPS :

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? Pass CM CA Date
 Waste Material Onsite? Pass CM CA Date
 Unused or unneeded equipment onsite? Pass CM CA Date
 Pit, cellars, rat holes and other bores closed? CM 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: Snow covering reclamition

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: _____

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	Second containment for totes and tanks

Inspector Name: LONGWORTH, MIKE

S/U/V: Satisfactory Corrective Date: _____

Comment: Snow cover on BMPs

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	287277	1433524	
	287277	1433524	