

**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:

01/14/2014

Document Number:

663902651

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335598 | 335598 | 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: 4 Twp: 6S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 08/12/2013 | 663900667 | | | Satisfactory | I | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|----------------------------|-------------|-------------------------------------|
| 284957 | WELL | PR | 06/05/2006 | GW | 045-12325 | N PARACHUTE MF10C N04 696 | PR | <input checked="" type="checkbox"/> |
| 284958 | WELL | PR | 06/05/2006 | GW | 045-12324 | N PARACHUTE MF11D N04 696 | PR | <input checked="" type="checkbox"/> |
| 284959 | WELL | PR | 06/05/2006 | GW | 045-12323 | N PARACHUTE WF17A N04 696 | PR | <input checked="" type="checkbox"/> |
| 284960 | WELL | PR | 06/05/2006 | GW | 045-12322 | N PARACHUTE MF16C N04 696 | PR | <input checked="" type="checkbox"/> |
| 284961 | WELL | PR | 01/08/2007 | GW | 045-12321 | N PARACHUTE MF09C N04 696 | PR | <input checked="" type="checkbox"/> |
| 284962 | WELL | PR | 06/05/2006 | GW | 045-12320 | N PARACHUTE MF16A N04 696 | PR | <input checked="" type="checkbox"/> |
| 284963 | WELL | PA | 12/31/2006 | GW | 045-12319 | N. PARACHUTE MF12D N04 696 | PA | <input checked="" type="checkbox"/> |
| 284964 | WELL | PR | 06/05/2006 | GW | 045-12318 | N PARACHUTE MF09A N04 696 | PR | <input checked="" type="checkbox"/> |
| 284965 | WELL | PA | 11/17/2006 | GW | 045-12317 | N.PARACHUTE MF 18C N04 696 | PA | <input checked="" type="checkbox"/> |
| 284966 | WELL | PR | 06/05/2006 | GW | 045-12316 | N PARACHUTE MF15C N04 696 | PR | <input checked="" type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | |
|--------|------|----|------------|----|-----------|---------------------------------|----|---|
| 284967 | WELL | PR | 06/05/2006 | GW | 045-12315 | N PARACHUTE MF17C N04 696 | PR | ✗ |
| 284968 | WELL | PR | 06/05/2006 | GW | 045-12314 | N PARACHUTE MF18A N04 696 | PR | ✗ |
| 300233 | WELL | PR | 12/05/2009 | GW | 045-17863 | N. PARACHUTE MF10A-4 N04 696 | PR | ✗ |
| 300234 | WELL | PR | 01/14/2010 | GW | 045-17862 | N.PARACHUTE MF 18A-4 N04 69 | PR | ✗ |
| 300235 | WELL | PR | 12/30/2009 | GW | 045-17861 | N.PARACHUTE MF10C- 4 M04 696 | PR | ✗ |
| 300236 | WELL | PR | 12/30/2009 | GW | 045-17860 | N. PARACHUTE MF11A-4 N04 696 | PR | ✗ |
| 300237 | WELL | PR | 02/10/2011 | GW | 045-17859 | N.PARACHUTE MF06D- 4 N04 696 | PR | ✗ |
| 301809 | WELL | PR | 12/30/2009 | GW | 045-18279 | N. PARACHUTE MF15B-4 N04 696 | PR | ✗ |
| 301810 | WELL | PR | 12/30/2009 | GW | 045-18280 | N. PARACHUTE MF07B-4 N04 696 | PR | ✗ |

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**Lease Road:**

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

Signs/Marker:

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|------------------|-----------------------------|---|-------------------|---------|
| UNUSED EQUIPMENT | Satisfactory | Equipment not being used is now in use or removed | | |

| | | | | |
|----------------|--|--|--|--|
| Spills: | | | | |
|----------------|--|--|--|--|

Inspector Name: LONGWORTH, MIKE

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

☐ Multiple Spills and Releases?

| Equipment: | | | | | |
|---------------------|----|-----------------------------|-------------------------------|-------------------|---------|
| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Plunger Lift | 19 | Satisfactory | | | |
| Ancillary equipment | 3 | Satisfactory | Chemical totes by meterhouses | | |
| Gas Meter Run | 4 | Satisfactory | | | |

| Facilities: | | | | | |
|-----------------------------------|--------------|----------------|-----------|------------------|--|
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | | |
| Contents | # | Capacity | Type | SE GPS | |
| PRODUCED WATER | 1 | <100 BBLS | STEEL AST | , | |
| 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 | |
| | | |

| Flaring: | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 335598

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: 284957 Type: WELL API Number: 045-12325 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284958 Type: WELL API Number: 045-12324 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 284959 Type: WELL API Number: 045-12323 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

| | | | | |
|-------------------------|------------|-----------------------|------------|------------------|
| Facility ID: 284960 | Type: WELL | API Number: 045-12322 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 284961 | Type: WELL | API Number: 045-12321 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 284962 | Type: WELL | API Number: 045-12320 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 284963 | Type: WELL | API Number: 045-12319 | Status: PA | Insp. Status: PA |
| Facility ID: 284964 | Type: WELL | API Number: 045-12318 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 284965 | Type: WELL | API Number: 045-12317 | Status: PA | Insp. Status: PA |
| Facility ID: 284966 | Type: WELL | API Number: 045-12316 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 284967 | Type: WELL | API Number: 045-12315 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 284968 | Type: WELL | API Number: 045-12314 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 300233 | Type: WELL | API Number: 045-17863 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 300234 | Type: WELL | API Number: 045-17862 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 300235 | Type: WELL | API Number: 045-17861 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: Producing well | | | | |
| Facility ID: 300236 | Type: WELL | API Number: 045-17860 | Status: PR | Insp. Status: PR |

Producing WellComment: **Producing well**Facility ID: 300237 Type: WELL API Number: 045-17859 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301809 Type: WELL API Number: 045-18279 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 301810 Type: WELL API Number: 045-18280 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: _____

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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Pass CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass

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? Fail

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 Fail

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 ☐

Inspector Name: LONGWORTH, MIKE

| Storm Water: | | | | | | |
|---------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Seeding | | Gravel | | | | |
| Ditches | | Ditches | | | | |
| Berms | | Compaction | Pass | MHSP | Pass | |
| Compaction | Pass | Culverts | | | | |

S/U/V: Satisfactory Corrective Date: _____

Comment: Snow cover on BMPs

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT