

**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:

02/06/2014

Document Number:

670201230

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	258740	334935	BURGER, CRAIG	<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
Inspections, General		cogcc.inspections@encana.com	
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

Compliance Summary:QtrQtr: SWNE Sec: 33 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/26/2007	200124292	CO	PR	Satisfactory	I		No
12/01/2006	200101363	PR	PR	Satisfactory	I	Pass	No
11/06/2006	200104053	PR	PR	Satisfactory		Pass	No
09/06/2006	200102333	CO	PR	Satisfactory	I	Pass	No
09/05/2006	200102315	CO	PR	Satisfactory	I	Pass	No
08/15/2006	200102228	PR	PR	Unsatisfactory	I	Pass	Yes
01/17/2006	200088235	PR	PR	Satisfactory		Pass	No
05/30/2002	200036043	PR	PR	Satisfactory		Pass	No
06/01/2001	200019159	PR	WO	Satisfactory		Pass	No
05/21/2001	200020261	ES	PR	Satisfactory		Pass	No
04/18/2001	200017303	CO	WO	Unsatisfactory		Fail	Yes
01/29/2001	200014452	DG	DG	Satisfactory		Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
258738	WELL	PR	08/21/2004	GW	045-07651	BOULTON 33-2 (G33)	PR	<input checked="" type="checkbox"/>
258739	WELL	PR	08/21/2004	GW	045-07652	BOULTON 33-7 (G-33)	PR	<input checked="" type="checkbox"/>
258740	WELL	PR	08/21/2004	GW	045-07653	BOULTON 33-9 (G33)	PR	<input checked="" type="checkbox"/>
258741	WELL	PR	08/21/2004	GW	045-07654	BOULTON 33-8 (G33)	PR	<input checked="" type="checkbox"/>

Inspector Name: BURGER, CRAIG

273575	WELL	PA	04/28/2011	OBW	045-10263	BOULTON 33-10A (G33NE)	PA	<input checked="" type="checkbox"/>
273576	WELL	PR	05/22/2005	GW	045-10264	BOULTON 33-8A (G33NE)	PR	<input checked="" type="checkbox"/>
275356	WELL	PR	05/27/2005	GW	045-13527	BOULTON 33-10A2 (G33NE)	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**Signs/Marker:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Signs need 1/4 1/4 section. See compliance schedule COGCC document number #2369022.		
TANK LABELS/PLACARDS	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	Unsatisfactory	Separator for plugged and abandoned well is still on location.	Keep location free of unused equipment.	04/17/2014

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	cattle panel		
SEPARATOR	Satisfactory	cattle panel		

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	3	Satisfactory			

Inspector Name: BURGER, CRAIG

Gathering Line	1	Satisfactory			
Emission Control Device	1	Satisfactory			
Bird Protectors	7	Satisfactory			
Gas Meter Run	1	Satisfactory			
Deadman # & Marked	6	Satisfactory			
Vertical Heated Separator	4	Satisfactory			
Ancillary equipment	1	Satisfactory	methanol unit		
Plunger Lift	6	Satisfactory			
Pig Station	2	Satisfactory			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	STEEL AST	,

S/U/V:	Satisfactory	Comment:	same berm as 500 bbl tanks
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	500 BBLS	HEATED STEEL AST	39.484010,-107.666930

S/U/V:	Satisfactory	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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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	
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Comment	
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Venting:	
Yes/No	Comment
NO	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Ignitor/Combustor	Satisfactory			

Predrill

Location ID: 258740

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: 258738 Type: WELL API Number: 045-07651 Status: PR Insp. Status: PR

Producing Well

Comment: Gauge on bradenhead valve reads 150 psi.

Inspector Name: BURGER, CRAIG

Facility ID:	258739	Type:	WELL	API Number:	045-07652	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	258740	Type:	WELL	API Number:	045-07653	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	258741	Type:	WELL	API Number:	045-07654	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	273575	Type:	WELL	API Number:	045-10263	Status:	PA	Insp. Status:	PA
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Facility ID:	273576	Type:	WELL	API Number:	045-10264	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Facility ID:	275356	Type:	WELL	API Number:	045-13527	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	plunger lift								

Environmental									
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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: _____

Complaint:				
Tracking Num	Category	Assigned To	Description	Incident Date
200121034	ODOR	GRAHAM, DAVE	LINDA STATED THAT SHE NOTICED ODOR AT HER RESIDENCE AT ABOUT 4PM ON 10-25-07. SHE SAID THAT THE SMELL HAD GONE AWAY BUT SHE THOUGHT SHE SHOULD REPORT IT. I TOLD HER THAT I WOULD DO AN INSPECTION AND GET BACK TO HER WITH THE RESULTS. WE HAVE GOTTEN ONE MORE COMPLAINT ABOUT THE SAME TIME IN THE VERY SAMR AREA.	10/25/2007

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: _____

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 REVEGETATIONCropland

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	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: **Snow cover limited inspection.**

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT