

**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:

02/06/2014

Document Number:

670201231

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	274756	335370	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: NWNE 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)
02/17/2011	200296949	PR	PR	Unsatisfactory			Yes
10/26/2007	200124303	CO	PR	Satisfactory	I		No
02/07/2007	200107793	PR	PR	Satisfactory	I	Pass	No
12/01/2006	200101364	PR	PR	Satisfactory	I	Pass	No
09/05/2006	200102319	CO	PR	Satisfactory	I	Pass	No
08/17/2006	200102305	CO	PR	Satisfactory	I	Pass	No
08/16/2006	200102247	CO	PR	Satisfactory	I	Pass	No
08/15/2006	200102216	CO	PR	Satisfactory	I	Pass	No
07/17/2006	200099171	CO	PR	Satisfactory	I	Pass	No
04/06/2006	200088796	PR	PR	Satisfactory	I	Pass	No
02/10/2006	200087376	PR	PR	Satisfactory	I	Pass	No
01/17/2006	200088230	CO	PR	Unsatisfactory		Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
274756	WELL	PR	04/11/2005	GW	045-13388	COX 33-1 (B33NE)	PR	<input checked="" type="checkbox"/>
274757	WELL	PR	04/15/2005	GW	045-13387	COX 33-3A (B33NE)	PR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Inspector Name: BURGER, CRAIG

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

<u>Signs/Marker:</u>				
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: _____

<u>Spills:</u>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Gas Meter Run	1	Satisfactory			
Gathering Line	1	Satisfactory			
Ancillary equipment	1	Satisfactory	muffler unit		
Emission Control Device	1	Satisfactory			
Vertical Heated Separator	2	Satisfactory			
Plunger Lift	2	Satisfactory			
Bird Protectors	5	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST	,	
S/U/V:	Satisfactory		Comment: same berm as 300 bbl tanks		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	300 BBLS	HEATED STEEL AST	39.490380,-107.667020	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

Venting:				
Yes/No	Comment			
NO				

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

Predrill

Location ID: 274756

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: 274756 Type: WELL API Number: 045-13388 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 274757 Type: WELL API Number: 045-13387 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Environmental**Spills/Releases:**

Inspector Name: BURGER, CRAIG

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: _____

Complaint:				
Tracking Num	Category	Assigned To	Description	Incident Date
1260414	ODOR	GRAHAM, DAVE	COMPLAINANT SMELLED ODOR COMING FROM THIS LOCATION (B33), HE STATED THAT ABOUT 8:30AM, HE ALSO CONTACTED THE PUMPER, AND SPOKE TO HIM ABOUT THE ODOR. THE PUMPER SAID HE HAD A OIL TRUCK HAUL OIL FROM TANKS THAT MORNING, (8:00AM) THE WIND WAS BLOWING ABOUT 10 TO 15 MPH AT THE TIME OF THE INSPECTION, MAKING IT DIFFICULT TO SMELL ANY ODOR. HOWEVER THERE WAS A FAINT CONDENSATE SMELL INSIDE TANK BERM AREA. THE INSIDE OF THE TANK BERM HAD SOME SMALL OIL SPILLS UNDER THE LOAD LINES, THESE SPILLS WERE VISUAL ALSO. I ALSO NOTICED SOME VAPOR COMING FROM THE TANK HEATER STACK. I NOTIFIED GERALD POPEZ ABOUT THE COMPLAINT, AND SUGGESTED HE PUT CATCH BASINS ON HIS LOAD LINES, AND INSPECT THE TANK HEATER. HE WILL CALL ME BACK WHEN AND IF, HE FINDS A PROBLEM. I WILL CONTACT MR. TRUELOVE, ABOUT MY INSPECTION.	04/06/2006
126045	ODOR	GRAHAM, DAVE	INSPECTION OF LOCATION WAS DUE TO ODOR COMPLAINT BEING RECEIVED. TANK HEATERS HAD BEEN INSTALLED BY EACH MANWAY ON EACH TANK. MANWAYS WERE OPEN FOR HEATER INSTALLATION. ENCANA`S PUMPER, SHANE, WAS ONSITE DURING INSPECTION. TRUELOVES WERE NOTIFIED VIA PHONE MESSAGE OF WORK BEING DONE AT LOCATION AND ODOR WAS PROBABLY DUE TO TANK LIDS BEING OPEN FOR HEATER INSTALLATION. NO ODOR WAS EVIDENT OFF LOCATION.	02/10/2006
200083381	ODOR	KRABACHER, JAY	TIM CELL: 970 319-8153. LEFT MESSAGE 1/25 ~ 9 PM. TIM IS IN CALIF (WORK) BUT JUST WAS CALLED BY HIS WIFE WHO SAID ODORS WERE VERY BAD. (ALSO, CAROL BELL BY WITH AIR-SAMPLING CANNISTER). TRUELOVES CALLED ENCANA (EMERON HOFFMAN?) WHO SAID EVENT WAS DUE TO WELL(S) VENTING GAS THROUGH THE TANKS. ALSO, THERE WAS A SPILL RECENTLY ON THE COX PAD AND ENCANA VACUUMED IT UP. "MILKY" FLUID RESIDUE REMAINING -- ACCORDING TO TIM. THINGS HAVE BEEN RELATIVELY FINE FOR ABOUT TWO WEEKS UNTIL LAST NIGHT. J K SPOKE WITH T T 1/26 A.M.	01/25/2006

Emission Control Burner (ECB): Y _____

Comment: _____

Pilot: ONWildlife Protection Devices (fired vessels): YES**Reclamation - Storm Water - Pit****Interim Reclamation:**

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

Land Use: _____

Comment: Snow cover limited inspection.

1003a. Debris removed? Pass CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ 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 ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass 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 _____

Inspector Name: BURGER, CRAIG

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	Culverts	Pass			

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

Comment: Snow cover limited inspection.

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT