

**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:

02/12/2014

Document Number:

670201255

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection
	293456	334909	BURGER, CRAIG	<input type="checkbox"/> 2A Doc Num: _____

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: SENW Sec: 11 Twp: 7S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/11/2011	200300888	PR	PR	Satisfactory			Yes

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
270706	WELL	PR	06/17/2009	GW	045-09787	BROWN 11-2C (F11E)	PR	<input checked="" type="checkbox"/>
293456	WELL	PR	05/30/2009	GW	045-14999	ENCANA 11-3B2 (F11E)	PR	<input checked="" type="checkbox"/>
294723	WELL	PR	06/03/2009	GW	045-15578	ENCANA 11-5(F11E)	PR	<input checked="" type="checkbox"/>
294724	WELL	PR	06/07/2009	GW	045-15579	ENCANA 11-4C(F11E)	PR	<input checked="" type="checkbox"/>
294725	WELL	PR	06/05/2009	GW	045-15580	ENCANA 11-12A (F11E)	SI	<input checked="" type="checkbox"/>
294726	WELL	PR	05/31/2009	GW	045-15581	ENCANA 11-4D (F11E)	PR	<input checked="" type="checkbox"/>
299256	WELL	PR	06/11/2009	GW	045-17627	ENCANA FEDERAL 11-11A (F11E)	PR	<input checked="" type="checkbox"/>
299516	WELL	PR	05/25/2009	GW	045-17698	ENCANA 11-6(F11E)	PR	<input checked="" type="checkbox"/>
299517	WELL	PR	05/28/2009	GW	045-17699	ENCANA 11-6A(F11E)	PR	<input checked="" type="checkbox"/>
299518	WELL	PR	05/21/2009	GW	045-17700	ENCANA 11-3D(F11E)	PR	<input checked="" type="checkbox"/>
301016	PIT	AC	01/21/2009		-	F11E	AC	<input 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>Good Housekeeping:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
STORAGE OF SUPL	Satisfactory	Pipe steel, culvert stored on area to the south with ECB units.		

<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
Emission Control Device	2	Satisfactory			
Bird Protectors	10	Satisfactory			
Gas Meter Run	1	Satisfactory			
Ancillary equipment	5	Satisfactory	Sound muffler and 4 methanol units.		
Plunger Lift	10	Satisfactory			
Dehydrator	1	Satisfactory			
Horizontal Heated Separator	10	Satisfactory			
Gathering Line	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
METHANOL	1	1000 GAL	STEEL AST	,
S/U/V:	Satisfactory	Comment: same berm as 500 bbl tanks		
Corrective Action:				Corrective Date:

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
Comment	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	500 BBLS	HEATED STEEL AST	39.463770,-107.637750
S/U/V:	Unsatisfactory	Comment: Enardo valve on one condensate tank venting at time of inspection. Pumper stated he would inspect the valve and repair.		
Corrective Action: Maintain equipment leak free.				Corrective Date: 02/26/2014

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
Comment	

Venting:		
Yes/No	Comment	

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

Predrill

Location ID: 293456

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: 270706 Type: WELL API Number: 045-09787 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 293456 Type: WELL API Number: 045-14999 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 294723 Type: WELL API Number: 045-15578 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 294724 Type: WELL API Number: 045-15579 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 294725 Type: WELL API Number: 045-15580 Status: PR Insp. Status: SI

Idle Well

Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: Shut in at separator.

Facility ID: 294726 Type: WELL API Number: 045-15581 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 299256 Type: WELL API Number: 045-17627 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 299516 Type: WELL API Number: 045-17698 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 299517 Type: WELL API Number: 045-17699 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

Facility ID: 299518 Type: WELL API Number: 045-17700 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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: _____

Complaint:				
Tracking Num	Category	Assigned To	Description	Incident Date
200320176	ODOR	SPRY OROURKE, LINDA	Landowner reported that he was working on his property, riding 4-wheeler around his property/fields last week when he experienced "horrendous odors" coming from the F11E well pad which "overwhelmed him" and "he almost passed out" from them. He was able to get on 4-wheeler and leave the area. He contacted Encana (Ben Walter) and reported that Encana personnel arrived within 45 minutes, but the fumes continued to be "terrible". Landowner reported that Encana had promised an air monitoring system (?) near his home, but it had not been installed.	09/06/2011

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: **Snow cover limited inspection.**
A pad is present above production pad that contains the two ECB's and is used for storage.
Encana personnel told COGCC staff that Encana owns the land.

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? 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? Pass Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Inspector Name: BURGER, CRAIG

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 _____

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
Berms	Pass	Culverts	Pass			
Ditches	Pass					
Compaction	Pass	Compaction				

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

Comment: **Snow cover limited inspection.**

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	301016	1433934	
	301016	1433934	

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/webblink/>) and search by document number:

Document Num	Description	URL
670201255	INSPECTION APPROVED	http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3282481