

**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:

05/15/2014

Document Number:

663903199

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335200 | 335200 | LONGWORTH, MIKE | <input type="checkbox"/> | |

Operator Information:OGCC Operator Number: 100185Name 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: NENW Sec: 28 Twp: 6S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 01/22/2014 | 663902681 | | | SATISFACTORY | I | | No |

Inspector Comment:**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------------------|-------------|-------------------------------------|
| 252 | WELL | PR | 03/27/2009 | GW | 045-15460 | N. PARACHUTE MF02B C28 696 | PR | <input checked="" type="checkbox"/> |
| 253 | WELL | PR | 04/17/2009 | GW | 045-15461 | N. PARACHUTE MF01A C28 696 | PR | <input checked="" type="checkbox"/> |
| 254 | WELL | PR | 04/17/2009 | GW | 045-15462 | N. PARACHUTE MF01D C28 696 | PR | <input checked="" type="checkbox"/> |
| 255 | WELL | PR | 04/30/2009 | GW | 045-15463 | N. PARACHUTE MF01C C28 696 | PR | <input checked="" type="checkbox"/> |
| 256 | WELL | PR | 03/31/2009 | GW | 045-15464 | N. PARACHUTE MF02A C28 696 | PR | <input checked="" type="checkbox"/> |
| 258 | WELL | PR | 01/31/2009 | GW | 045-15465 | N. PARACHUTE MF02D C28 696 | PR | <input checked="" type="checkbox"/> |
| 259 | WELL | PR | 04/14/2009 | GW | 045-15466 | N. PARACHUTE MF01B C28 696 | PR | <input checked="" type="checkbox"/> |
| 260 | WELL | PR | 01/20/2009 | GW | 045-15467 | N. PARACHUTE MF02C C28 696 | PR | <input checked="" type="checkbox"/> |
| 291912 | WELL | PR | 04/14/2009 | GW | 045-14553 | N. PARACHUTE MF15A-21 C28 69 | PR | <input checked="" type="checkbox"/> |

Inspector Name: LONGWORTH, MIKE

| | | | | | | | | |
|--------|------|----|------------|----|-----------|---------------------------------|----|---|
| 291915 | WELL | PR | 01/19/2009 | GW | 045-14552 | N. PARACHUTE MF10A-21C28 696 | PR | X |
| 291916 | WELL | PR | 04/15/2009 | GW | 045-14551 | N. PARACHUTE MF10B-21C28 696 | PR | X |
| 291918 | WELL | PR | 04/17/2009 | GW | 045-14550 | N. PARACHUTE MF10C-21 C28 69 | PR | X |
| 291920 | WELL | PR | 04/30/2009 | GW | 045-14549 | N. PARACHUTE MF10D-21 C28 69 | PR | X |
| 292039 | WELL | PR | 04/14/2009 | GW | 045-14554 | N. PARACHUTE MF15B-21C28696 | PR | X |
| 293694 | WELL | PR | 04/17/2009 | GW | 045-15108 | N. PARACHUTE MF15C-21 C28 69 | PR | X |
| 293695 | WELL | PR | 04/17/2009 | GW | 045-15109 | N. PARACHUTE MF16C-21 C28 69 | PR | X |
| 425557 | PIT | | 09/19/2011 | | - | C28 696 | | |

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/Action Required | comment | Corrective Action | Date |
|--------|---------------------------------|---|---------------------------|------------|
| Access | ACTION REQUIRED | Outlet side of low water crossing is starting to wash away. | Repair and maintain road. | 06/13/2014 |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-------------------------|---------------------------------|---|--|------------|
| CONTAINERS | SATISFACTORY | | | |
| BATTERY | ACTION REQUIRED | Sign can not be completely read due sign cover with dried up mud. Nearest county road is not listed. | Install sign to comply with rule 210. | 05/23/2014 |
| TANK LABELS/PLACARDS | SATISFACTORY | Tank is labeled Condensate. Labels are on back side of tank not visiable from entrance. | | |
| WELLHEAD | SATISFACTORY | | | |

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: 05/21/2014

Comment: Number can not be read for mud on the sign

Corrective Action: Clean sign

Spills:

Inspector Name: LONGWORTH, MIKE

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

☐ Multiple Spills and Releases?

| Equipment: | | | | | |
|-------------------|----|------------------------------|---------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift | 16 | SATISFACTORY | | | |

| Facilities: | | | | | |
|-----------------------------------|--------------|----------------|-----------|------------------|--|
| <input type="checkbox"/> New Tank | | Tank ID: _____ | | | |
| Contents | # | Capacity | Type | SE GPS | |
| CONDENSATE | 1 | <100 BBLS | STEEL AST | , | |
| S/A/V: | SATISFACTORY | | Comment: | | |
| Corrective Action: | | | | Corrective Date: | |

| Paint | |
|------------------|-------|
| Condition | |
| 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/Action Required | Comment | Corrective Action | CA Date |
| | | | | |

Predrill

Location ID: 335200

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 252 Type: WELL API Number: 045-15460 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 253 Type: WELL API Number: 045-15461 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 254 Type: WELL API Number: 045-15462 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

| | | | | | | | | | |
|----------------|----------------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID: | 255 | Type: | WELL | API Number: | 045-15463 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 256 | Type: | WELL | API Number: | 045-15464 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 258 | Type: | WELL | API Number: | 045-15465 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 259 | Type: | WELL | API Number: | 045-15466 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 260 | Type: | WELL | API Number: | 045-15467 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 291912 | Type: | WELL | API Number: | 045-14553 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 291915 | Type: | WELL | API Number: | 045-14552 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 291916 | Type: | WELL | API Number: | 045-14551 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 291918 | Type: | WELL | API Number: | 045-14550 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 291920 | Type: | WELL | API Number: | 045-14549 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 292039 | Type: | WELL | API Number: | 045-14554 | Status: | PR | Insp. Status: | PR |
| Producing Well | | | | | | | | | |
| Comment: | Producing well | | | | | | | | |
| Facility ID: | 293694 | Type: | WELL | API Number: | 045-15108 | Status: | PR | Insp. Status: | PR |

Producing WellComment: **Producing well**

Facility ID: 293695 Type: WELL API Number: 045-15109 Status: PR Insp. Status: PR

Producing WellComment: **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? 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

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- 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: _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Slope Roughening | Pass | | | | | |
| Compaction | Pass | Culverts | Pass | | | |
| Check Dams | Pass | | | | | |
| Drains | Pass | Gravel | Pass | | | |
| Culverts | Pass | Ditches | Pass | | | |
| Gravel | Pass | | | | | |
| Seeding | | | | | | |

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| | | | | | | |
|---|------|------------|------|------|------|-----------------------|
| Rip Rap | Pass | | | | | |
| Berms | Pass | Compaction | Pass | MHSP | Pass | secondary containment |
| S/A/V: SATISFACTOR Y Corrective Date: _____ | | | | | | |
| Comment: _____ | | | | | | |
| CA: _____ | | | | | | |
| Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT | | | | | | |