

**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:

06/19/2014

Document Number:

675100086

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335598	335598	GRANAHAN, KYLE	<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
Kellerby, Shaun		shaun.kellerby@state.co.us	
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: NESW Sec: 4 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)
01/14/2014	663902651			SATISFACTORY Y	F		No
08/12/2013	663900667			SATISFACTORY Y	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	SI	01/27/2014	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	PR	<input checked="" type="checkbox"/>
284964	WELL	PR	06/05/2006	GW	045-12318	N PARACHUTE MF09A N04 696	PR	<input checked="" type="checkbox"/>

Inspector Name: GRANAHAH, KYLE

284965	WELL	PA	11/17/2006	GW	045-12317	N.PARACHUTE MF 18C N04 696	PR	X
284966	WELL	PR	06/05/2006	GW	045-12316	N PARACHUTE MF15C N04 696	PR	X
284967	WELL	PR	06/05/2006	GW	045-12315	N PARACHUTE MF17C N04 696	PR	X
284968	WELL	PR	06/05/2006	GW	045-12314	N PARACHUTE MF18A N04 696	PR	X
300233	WELL	PR	12/05/2009	GW	045-17863	N. PARACHUTE MF10A-4 N04 696	PR	X
300234	WELL	PR	01/14/2010	GW	045-17862	N.PARACHUTE MF 18A-4 N04 69	PR	X
300235	WELL	PR	12/30/2009	GW	045-17861	N.PARACHUTE MF10C- 4 M04 696	PR	X
300236	WELL	PR	12/30/2009	GW	045-17860	N. PARACHUTE MF11A-4 N04 696	PR	X
300237	WELL	PR	02/10/2011	GW	045-17859	N.PARACHUTE MF06D- 4 N04 696	PR	X
301809	WELL	PR	12/30/2009	GW	045-18279	N. PARACHUTE MF15B-4 N04 696	PR	X
301810	WELL	PR	12/30/2009	GW	045-18280	N. PARACHUTE MF07B-4 N04 696	PR	X

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	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

Corrective Date: _____

Comment: 970-285-2615

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TRASH	ACTION REQUIRED	Trash on location	Comply with COGCC rules	07/31/2014

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

Equipment:				
Type	#	Satisfactory/Action Required	Comment	CA Date
Gas Meter Run	4	SATISFACTORY		
Ancillary equipment	3	SATISFACTORY	3 chemical injection pumps/containers by meter run houses with secondary containment.	
Deadman # & Marked	4	SATISFACTORY		
Other	4	SATISFACTORY	4 small portable sheds plumbed in on east side of location	
Plunger Lift	19	SATISFACTORY		

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
--------------------	-----------------------------------	----------------

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLs	STEEL AST	39.551430,-108.111950
S/A/V:	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	
NO		

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335598

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

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

Producing Well

Comment: producing

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

Facility ID: 284960 Type: WELL API Number: 045-12322 Status: PR Insp. Status: PR

Facility ID: 284961 Type: WELL API Number: 045-12321 Status: PR Insp. Status: PR

Facility ID: 284962	Type: WELL	API Number: 045-12320	Status: PR	Insp. Status: PR
Facility ID: 284963	Type: WELL	API Number: 045-12319	Status: PA	Insp. Status: PR
Producing Well				
Comment: producing				
Facility ID: 284964	Type: WELL	API Number: 045-12318	Status: PR	Insp. Status: PR
Facility ID: 284965	Type: WELL	API Number: 045-12317	Status: PA	Insp. Status: PR
Producing Well				
Comment: producing				
Facility ID: 284966	Type: WELL	API Number: 045-12316	Status: PR	Insp. Status: PR
Facility ID: 284967	Type: WELL	API Number: 045-12315	Status: PR	Insp. Status: PR
Facility ID: 284968	Type: WELL	API Number: 045-12314	Status: PR	Insp. Status: PR
Facility ID: 300233	Type: WELL	API Number: 045-17863	Status: PR	Insp. Status: PR
Facility ID: 300234	Type: WELL	API Number: 045-17862	Status: PR	Insp. Status: PR
Facility ID: 300235	Type: WELL	API Number: 045-17861	Status: PR	Insp. Status: PR
Facility ID: 300236	Type: WELL	API Number: 045-17860	Status: PR	Insp. Status: PR
Facility ID: 300237	Type: WELL	API Number: 045-17859	Status: PR	Insp. Status: PR
Facility ID: 301809	Type: WELL	API Number: 045-18279	Status: PR	Insp. Status: PR
Facility ID: 301810	Type: WELL	API Number: 045-18280	Status: PR	Insp. Status: PR

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:

Inspector Name: GRANAHAH, KYLE

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 _____

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: _____

Inspector Name: GRANAHAHAN, KYLE

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

S/A/V: _____

Corrective Date: _____

Comment:

CA:

Pits:

☐ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment

User

Date

Trash around location needs to be dealt with to comply with COGCC rules.

GranahaK

06/19/2014