

**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:

07/29/2014

Document Number:

675200305

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 322471      | 322471 | CONKLIN, CURTIS | <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 |       | shuan.kellerby@state.co.us   | NW Supervisor   |
| Encana,         |       | cogcc.inspections@encana.com | All Inspections |

**Compliance Summary:**QtrQtr: NESW Sec: 17 Twp: 6S Range: 99W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 10/25/2013 | 663902316 |            |             | <b>ACTION REQUIRED</b>        | F        |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                   | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------------------|-------------|-------------------------------------|
| 210576      | WELL | PR     | 01/22/2013  | OG         | 045-06332 | GASAWAY (SHEFFIELD) 6209 (1-17) | SI          | <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**

| <b><u>Lease Road:</u></b> |                              |         |                   |      |
|---------------------------|------------------------------|---------|-------------------|------|
| Type                      | Satisfactory/Action Required | comment | Corrective Action | Date |
| Main                      | SATISFACTORY                 |         |                   |      |
| Access                    | SATISFACTORY                 |         |                   |      |

| <b><u>Signs/Marker:</u></b> |                              |         |                   |         |
|-----------------------------|------------------------------|---------|-------------------|---------|
| Type                        | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS        | SATISFACTORY                 |         |                   |         |
| WELLHEAD                    | SATISFACTORY                 |         |                   |         |

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

Corrective Date: \_\_\_\_\_

Comment: Nearest public access road not listed

Corrective Action: \_\_\_\_\_

| <b><u>Good Housekeeping:</u></b> |                              |  |                   |         |
|----------------------------------|------------------------------|--|-------------------|---------|
| Type                             | Satisfactory/Action Required | Comment                                | Corrective Action | CA Date |
| WEEDS                            | SATISFACTORY                 | Continue to use BMPs to control weeds. |                   |         |

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

| <b><u>Fencing/:</u></b> |                              |             |                   |         |
|-------------------------|------------------------------|-------------|-------------------|---------|
| Type                    | Satisfactory/Action Required | Comment     | Corrective Action | CA Date |
| SEPARATOR               | SATISFACTORY                 | Wire panels |                   |         |
| WELLHEAD                | SATISFACTORY                 | Wire panels |                   |         |

| <b><u>Equipment:</u></b>    |   |                              |                   |                   |         |
|-----------------------------|---|------------------------------|-------------------|-------------------|---------|
| Type                        | # | Satisfactory/Action Required | Comment           | Corrective Action | CA Date |
| Pump Jack                   | 1 | SATISFACTORY                 | Dismantled        |                   |         |
| Bird Protectors             | 3 | SATISFACTORY                 |                   |                   |         |
| Gathering Line              | 1 | SATISFACTORY                 |                   |                   |         |
| Horizontal Heated Separator | 1 | SATISFACTORY                 | Earth containment |                   |         |

|                        |                              |                                   |                     |                   |         |
|------------------------|------------------------------|-----------------------------------|---------------------|-------------------|---------|
| <b>Facilities:</b>     |                              | <input type="checkbox"/> New Tank |                     | Tank ID: _____    |         |
| Contents               | #                            | Capacity                          | Type                | SE GPS            |         |
| CONDENSATE             | 2                            | 400 BBLS                          | HEATED STEEL AST    | ,                 |         |
| S/A/V:                 | SATISFACTORY                 |                                   | Comment:            |                   |         |
| Corrective Action:     |                              |                                   |                     | Corrective Date:  |         |
| <b>Paint</b>           |                              |                                   |                     |                   |         |
| Condition              | Adequate                     |                                   |                     |                   |         |
| Other (Content) _____  |                              |                                   |                     |                   |         |
| Other (Capacity) _____ |                              |                                   |                     |                   |         |
| Other (Type) _____     |                              |                                   |                     |                   |         |
| <b>Berms</b>           |                              |                                   |                     |                   |         |
| Type                   | Capacity                     | Permeability (Wall)               | Permeability (Base) | Maintenance       |         |
| Metal                  | Adequate                     | Walls Sufficient                  | Base Sufficient     | Adequate          |         |
| Corrective Action      |                              |                                   |                     | Corrective Date   |         |
| Comment                |                              |                                   |                     |                   |         |
| <b>Venting:</b>        |                              |                                   |                     |                   |         |
| Yes/No                 |                              | Comment                           |                     |                   |         |
| YES                    |                              | Leak at wellhead                  |                     |                   |         |
| <b>Flaring:</b>        |                              |                                   |                     |                   |         |
| Type                   | Satisfactory/Action Required |                                   | Comment             | Corrective Action | CA Date |
|                        |                              |                                   |                     |                   |         |

**Predrill**

Location ID: 322471

**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: 210576 Type: WELL API Number: 045-06332 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: \_\_\_\_\_

S/A/V: ACTION CA Date: 08/15/2014

CA: Repair leak

Comment: Leak at lock pin on wellhead. MIT performed 6/6/2012

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: CONKLIN, CURTIS

|   |  |                              |             |
|---|--|------------------------------|-------------|
| Comment: <input style="width: 700px;" type="text"/>         |  |                              |             |
| Corrective Action: _____                                    |  | Date: _____                  |             |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |             |
| Proximity to Surface Water: _____                           |  | Depth to Ground Water: _____ |             |
| <b><u>Water Well:</u></b>                                   |  |                              |             |
| DWR Receipt Num: _____                                      |  | Owner Name: _____            | GPS : _____ |
| <b><u>Field Parameters:</u></b>                             |  |                              |             |
| <input style="width: 300px;" type="text"/>                  |  |                              |             |
| Sample Location: <input style="width: 400px;" type="text"/> |  |                              |             |
| 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 \_\_\_\_\_

Inspector Name: CONKLIN, CURTIS

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Seeding          | Pass            |                         |                       |               |                          |         |
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |
| Compaction       | Pass            | Compaction              | Pass                  |               |                          |         |

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT

**COGCC Comments**

| Comment                  | User     | Date       |
|--------------------------|----------|------------|
| Repair leak at wellhead. | conklinc | 07/29/2014 |

**Attached Documents**

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

| Document Num | Description | URL   |
|--------------|-------------|---|
| 675200314    | Pump jack   | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3396411">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3396411</a> |