

**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:

07/30/2014

Document Number:

674700146

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335901	335901	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
Kellerby, Shaun		shaun.kellerby@state.co.us	
Inspections, General	970-285-2665	cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: LOT 2 Sec: 19 Twp: 5S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/02/2014	663902593			SATISFACTORY Y			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
297475	WELL	PR	10/05/2009	GW	045-16853	N. PARACHUTE EF15B D19B 595	PR	<input checked="" type="checkbox"/>
297825	WELL	PR	10/13/2009	GW	045-16969	N. PARACHUTE EF06C D19B 595	PR	<input checked="" type="checkbox"/>
297826	WELL	PR	11/01/2009	GW	045-16970	N. PARACHUTE EF10D D19B 595	PR	<input checked="" type="checkbox"/>
297827	WELL	PR	10/04/2009	GW	045-16971	N. PARACHUTE EF14C D19B 595	PR	<input checked="" type="checkbox"/>
297828	WELL	PR	11/01/2009	GW	045-16972	N. PARACHUTE EF07D D19B 595	PR	<input checked="" type="checkbox"/>
297829	WELL	PR	11/01/2009	GW	045-16973	N. PARACHUTE EF06D D19B 595	PR	<input checked="" type="checkbox"/>
297830	WELL	PR	11/01/2009	GW	045-16974	N. PARACHUTE EF10C D19B 595	PR	<input checked="" type="checkbox"/>
297831	WELL	PR	11/01/2009	GW	045-16975	N. PARACHUTE EF10B D19B 595	PR	<input checked="" type="checkbox"/>
297833	WELL	PR	11/01/2009	GW	045-16976	N. PARACHUTE EF10A D19B 595	PR	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

297834	WELL	PR	10/04/2009	GW	045-16977	N. PARACHUTE EF14A D19B 595	PR	X
297836	WELL	PR	10/04/2009	GW	045-16978	N. PARACHUTE EF15A D19B 595	PR	X
297837	WELL	PR	12/01/2009	GW	045-16979	N. PARACHUTE EF08C D19B 595	PR	X
297838	WELL	PR	12/01/2009	GW	045-16980	N. PARACHUTE EF08B D19B 595	PR	X
297839	WELL	PR	12/01/2009	GW	045-16981	N. PARACHUTE EF03D D19B 595	PR	X
297840	WELL	PR	12/01/2009	GW	045-16982	N. PARACHUTE EF02D D19B 595	PR	X
297841	WELL	PR	06/06/2008	GW	045-16983	N. PARACHUTE EF04B D19B 595	PR	X
297842	WELL	PR	11/01/2009	GW	045-16984	N. PARACHUTE EF06A D19B 595	PR	X
298923	WELL	PR	10/25/2009	GW	045-17475	N. PARACHUTE EF11B D19B 595	PR	X
298924	WELL	PR	10/04/2009	GW	045-17476	N. PARACHUTE EF11C D19B 595	PR	X
298925	WELL	PR	09/29/2009	GW	045-17477	N. PARACHUTE EF14B D19B 595	PR	X
298926	WELL	PR	12/01/2009	GW	045-17478	N. PARACHUTE EF07B D19B 595	PR	X
298927	WELL	PR	10/03/2009	GW	045-17479	N. PARACHUTE EF11D D19B 595	PR	X
298928	WELL	PR	12/01/2009	GW	045-17480	N. PARACHUTE EP07C D19B 595	PR	X
298936	WELL	PR	10/04/2009	GW	045-17481	N. PARACHUTE EF11A D19B 595	PR	X

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**Signs/Marker:**

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:					
Type	Area	Volume	Corrective action	CA Date	
<input type="checkbox"/> Multiple Spills and Releases?					
Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	12	SATISFACTORY			
Plunger Lift	12	SATISFACTORY			
Other	12	SATISFACTORY			
Gas Meter Run	12	SATISFACTORY			
Ancillary equipment	4	SATISFACTORY	Chemical containers		
Other	12	SATISFACTORY			
Gas Meter Run	12	SATISFACTORY			
Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 BBLS	STEEL AST	,	
S/A/V: SATISFACTORY		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			
Flaring:					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date

Predrill

Location ID: 335901

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: 297475 Type: WELL API Number: 045-16853 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297825 Type: WELL API Number: 045-16969 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297826 Type: WELL API Number: 045-16970 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID:	297827	Type:	WELL	API Number:	045-16971	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297828	Type:	WELL	API Number:	045-16972	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297829	Type:	WELL	API Number:	045-16973	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297830	Type:	WELL	API Number:	045-16974	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297831	Type:	WELL	API Number:	045-16975	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297833	Type:	WELL	API Number:	045-16976	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297834	Type:	WELL	API Number:	045-16977	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297836	Type:	WELL	API Number:	045-16978	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297837	Type:	WELL	API Number:	045-16979	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297838	Type:	WELL	API Number:	045-16980	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297839	Type:	WELL	API Number:	045-16981	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:	Producing well								
Facility ID:	297840	Type:	WELL	API Number:	045-16982	Status:	PR	Insp. Status:	PR

Producing WellComment: **Producing well**Facility ID: 297841 Type: WELL API Number: 045-16983 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 297842 Type: WELL API Number: 045-16984 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 298923 Type: WELL API Number: 045-17475 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 298924 Type: WELL API Number: 045-17476 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 298925 Type: WELL API Number: 045-17477 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 298926 Type: WELL API Number: 045-17478 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 298927 Type: WELL API Number: 045-17479 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 298928 Type: WELL API Number: 045-17480 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well**Facility ID: 298936 Type: WELL API Number: 045-17481 Status: PR Insp. Status: PR**Producing Well**Comment: **Producing well****Environmental****Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: LONGWORTH, MIKE

Proximity to Surface Water: _____

Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS : _____ Lat _____ Long _____

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 _____

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? _____

Inspector Name: LONGWORTH, MIKE

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
Compaction	Pass	Compaction	Pass	VT	Pass	
Seeding	Pass	Gravel	Pass			
Berms	Pass	Check Dams	Pass	MHSP	Pass	
Gravel	Pass	Ditches	Pass			
Ditches	Pass	Culverts	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT