

**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:

08/14/2014

Document Number:

674700198

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335856	335856	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: SWNW Sec: 9 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	663902650			SATISFACTORY Y	I		No
01/14/2014	663902649			SATISFACTORY Y			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
293332	WELL	AL	02/23/2009	LO	045-14938	N. PARACHUTE MF05D E09 696	AL	<input type="checkbox"/>
293448	WELL	PR	06/10/2011	GW	045-14991	N. Parachute MF15A E09 696	PR	<input checked="" type="checkbox"/>
293449	WELL	PR	07/13/2011	GW	045-14992	N. Parachute MF10A E09 696	PR	<input checked="" type="checkbox"/>
293450	WELL	PR	06/10/2011	GW	045-14993	N. Parachute MF10B E09 696	PR	<input checked="" type="checkbox"/>
293451	WELL	PR	06/10/2011	GW	045-14994	N. Parachute MF10C E09 696	PR	<input checked="" type="checkbox"/>
293452	WELL	PR	07/13/2011	GW	045-14995	N. Parachute MF10D E09 696	PR	<input checked="" type="checkbox"/>
293453	WELL	PR	05/12/2011	GW	045-14996	N. Parachute MF07C E09 696	PR	<input checked="" type="checkbox"/>
293454	WELL	AL	02/23/2009	LO	045-14997	N. PARACHUTE MF05B E09 696	AL	<input type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

293455	WELL	AL	05/01/2008	LO	045-14998	N. PARACHUTE MF03D E09 696	AL	<input type="checkbox"/>
293466	WELL	AL	12/07/2009	LO	045-15003	N. PARACHUTE MF07A E09 696	AL	<input type="checkbox"/>
293468	WELL	AL	02/23/2009	LO	045-15004	N. PARACHUTE MF06C E09 696	AL	<input type="checkbox"/>
293469	WELL	AL	02/23/2009	LO	045-15005	N. PARACHUTE MF06B E09 696	AL	<input type="checkbox"/>
414642	WELL	PR	05/12/2011	GW	045-18867	N.PARACHUTE MF02C- 9 E09 696	PR	<input checked="" type="checkbox"/>
414644	WELL	PR	06/10/2011	GW	045-18886	N.PARACHUTE MF07D- 9 E09 696	PR	<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 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**Signs/Marker:**

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

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	8	SATISFACTORY			
Other	8	SATISFACTORY	Gas lift		
Gas Meter Run	8	SATISFACTORY			

Inspector Name: LONGWORTH, MIKE

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	1	<100 BBLS	STEEL AST		
S/AV:	ACTION REQUIRED		Comment: Lid not closed completely and expanded metal not covering hatch completely		
Corrective Action: Closed lid				Corrective Date: 08/15/2014	
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: 335856

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: 293448 Type: WELL API Number: 045-14991 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293449 Type: WELL API Number: 045-14992 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293450 Type: WELL API Number: 045-14993 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293451 Type: WELL API Number: 045-14994 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293452 Type: WELL API Number: 045-14995 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 293453 Type: WELL API Number: 045-14996 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 414642 Type: WELL API Number: 045-18867 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 414644 Type: WELL API Number: 045-18886 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
 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 _____

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: _____

Inspector Name: LONGWORTH, MIKE

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
Gravel	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass	MHSP	Pass	
Compaction	Pass	Culverts	Pass			
Ditches	Pass	Ditches	Pass			
Seeding	Pass					

S/A/V: SATISFACTOR
Y Corrective Date:

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT