

**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:
10/17/2014Document Number:
674101544Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	433800	433796	Rickard, Jeffrey	<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
J, D		cogcc.djinspections@encana.com	D J Basin

Compliance Summary:QtrQtr: NWNW Sec: 31 Twp: 1N Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/31/2014	668302123	DG	SI	ACTION REQUIRED	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
433795	WELL	DG	01/04/2014	LO	123-37784	Lochbuie 2E-31H D165	PR	<input checked="" type="checkbox"/>
433797	WELL	DG	01/18/2014	LO	123-37785	Lochbuie 2F-31H D165	PR	<input checked="" type="checkbox"/>
433798	WELL	DG	12/22/2013	LO	123-37786	Lochbuie 2D-31H D165	PR	<input checked="" type="checkbox"/>
433800	WELL	DG	11/08/2013	LO	123-37787	Lochbuie 2A-31H D165	PR	<input checked="" type="checkbox"/>
433801	WELL	DG	02/02/2014	LO	123-37788	Lochbuie 2G-31H D165	PR	<input checked="" type="checkbox"/>
433802	WELL	DG	11/27/2013	LO	123-37789	Lochbuie 2B-31H D165	PR	<input checked="" type="checkbox"/>
433803	WELL	DG	12/10/2013	LO	123-37790	Lochbuie 2C-31H D165	PR	<input checked="" type="checkbox"/>
434443	WELL	DG	02/13/2014	LO	123-38169	Lochbuie 2H-31H D165	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	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	Corrective actions from last inspection have been performed.		
BATTERY	SATISFACTORY			
WELLHEAD	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?**Venting:**

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 433800

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: 433795 Type: WELL API Number: 123-37784 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Braden head is exposed at surface.

CA: _____

CA Date: _____

Facility ID: 433797 Type: WELL API Number: 123-37785 Status: DG Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433798 Type: WELL API Number: 123-37786 Status: DG Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433800 Type: WELL API Number: 123-37787 Status: DG Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433801 Type: WELL API Number: 123-37788 Status: DG Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433802 Type: WELL API Number: 123-37789 Status: DG Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433803 Type: WELL API Number: 123-37790 Status: DG Insp. Status: PR**Producing Well**Comment: **PR**

Inspector Name: Rickard, Jeffrey

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 434443 Type: WELL API Number: 123-38169 Status: DG Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

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:

DWR Receipt Num: Owner Name: GPS : Lat Long

Field Parameters:

Sample Location:

Emission Control Burner (ECB): Y

Comment:

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: IRRIGATED

Comment:

1003a. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? Pass CM

CA CA Date

Unused or unneeded equipment onsite? Pass CM

CA CA Date

Pit, cellars, rat holes and other bores closed? Pass CM

Inspector Name: Rickard, Jeffrey

CA _____ CA Date _____
Guy line anchors removed? Pass CM _____
CA _____ CA Date _____
Guy line anchors marked? _____ CM _____
CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? Pass

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: IRRIGATED _____

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
Gravel	Pass					

Inspector Name: Rickard, Jeffrey

S/A/V: SATISFACTOR Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Corrective actions from last inspection have been performed.	rickardj	10/17/2014