

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:
12/31/2014

Document Number:
674700820

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335816</u>	<u>335816</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>100185</u>
Name of Operator:	<u>ENCANA OIL & GAS (USA) INC</u>
Address:	<u>370 17TH ST STE 1700</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>

- 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
Inspections, General	970-285-2665	cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr:	<u>NENE</u>	Sec:	<u>28</u>	Twp:	<u>5S</u>	Range:	<u>95W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/30/2013	663902572			SATISFACTORY	F		No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
276468	WELL	PR	07/24/2009	GW	045-10470	N. PARACHUTE EF16C21 A28B595	PR	<input checked="" type="checkbox"/>
276469	WELL	PR	06/25/2007	GW	045-10471	N. PARACHUTE EF13D A28B 595	PR	<input checked="" type="checkbox"/>
276470	WELL	PR	04/04/2007	GW	045-10472	N.PARACHUTE EF12D A28B 595	PR	<input checked="" type="checkbox"/>
276471	WELL	PR	08/20/2009	GW	045-10473	N. PARACHUTE EF16A21 A28B595	PR	<input checked="" type="checkbox"/>
277520	WELL	PR	05/31/2010	GW	045-10726	N. PARACHUTE EF16B21 A28B 59	PR	<input checked="" type="checkbox"/>
277521	WELL	PR	04/15/2010	GW	045-10725	N. PARACHUTE EF16D-21A28B595	PR	<input checked="" type="checkbox"/>
277522	WELL	DA	02/12/2006	GW	045-10724	N. PARACHUTE EF13B A28B 595	DA	<input checked="" type="checkbox"/>
277523	WELL	PR	05/11/2006	GW	045-10723	N.PARACHUTE EF13B-DX A28B 5	PR	<input checked="" type="checkbox"/>
285048	WELL	PR	04/18/2007	GW	045-12358	N PARACHUTE EF04B A28B 595	PR	<input checked="" type="checkbox"/>
294132	WELL	PR	06/03/2010	GW	045-15264	N. PARACHUTE EF08A-28 A28B 5	PR	<input checked="" type="checkbox"/>

294133	WELL	PR	09/11/2009	GW	045-15265	N. PARACHUTE EF08C-28A28B595	PR	<input checked="" type="checkbox"/>
294134	WELL	PA	10/10/2008	GW	045-15266	N. PARACHUTE EF04C-27 A28B 5	PA	<input checked="" type="checkbox"/>
294136	WELL	PR	06/01/2010	GW	045-15267	N. PARACHUTE EF01C-28 A28B 5	PR	<input checked="" type="checkbox"/>
294137	WELL	PR	06/07/2010	GW	045-15268	N. PARACHUTE EF01A-28 A28B 5	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

Lease Road:				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY	Snow packed		

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

Emergency Contact Number (S/A/V): SATISFACTORY 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
Gas Meter Run	13	SATISFACTORY			
Other	13	SATISFACTORY	Gas lift		
Ancillary equipment	3	SATISFACTORY			
Plunger Lift	13	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)	80 bbl				
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: 335816

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AV: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 276468 Type: WELL API Number: 045-10470 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 276469 Type: WELL API Number: 045-10471 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 276470 Type: WELL API Number: 045-10472 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 276471	Type: WELL	API Number: 045-10473	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 277520	Type: WELL	API Number: 045-10726	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 277521	Type: WELL	API Number: 045-10725	Status: PR	Insp. Status: PR
Producing Well				
Comment:				
Facility ID: 277522	Type: WELL	API Number: 045-10724	Status: DA	Insp. Status: DA
Facility ID: 277523	Type: WELL	API Number: 045-10723	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 285048	Type: WELL	API Number: 045-12358	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294132	Type: WELL	API Number: 045-15264	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294133	Type: WELL	API Number: 045-15265	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294134	Type: WELL	API Number: 045-15266	Status: PA	Insp. Status: PA
Facility ID: 294136	Type: WELL	API Number: 045-15267	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 294137	Type: WELL	API Number: 045-15268	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:

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

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? Pass 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 _____

Inspector Name: LONGWORTH, MIKE

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
Ditches	Pass					
		Culverts	Pass			
Compaction	Pass					
		Ditches	Pass			
				MHSP	Pass	Secondary containment for containers
		Compaction	Pass			
Gravel						
Berms	Pass					
Culverts	Pass					
		Gravel				
Seeding						

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: Limited inspection due to snow cover

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

Inspector Name: LONGWORTH, MIKE

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

Document Num	Description	URL
674700820	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3520455