

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



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Inspection Date:
01/30/2015

Document Number:
673801729

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>432004</u>	<u>432004</u>	<u>Gomez, Jason</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
Kulmann, Dave		dave.kulmann@state.co.us	
,		cogcc.djinspections@encana.com	Group email

Compliance Summary:

QtrQtr: NWSW Sec: 18 Twp: 3N Range: 68W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
432001	WELL	DG	10/10/2014	LO	123-36889	Billings 3E-18H L368	DG	<input checked="" type="checkbox"/>
432002	WELL	DG	10/10/2014	LO	123-36890	Billings 3D-18H L368	DG	<input checked="" type="checkbox"/>
432003	WELL	DG	10/09/2014	LO	123-36891	Billings 3F-18H L368	DG	<input checked="" type="checkbox"/>
432005	WELL	DG	10/08/2014	LO	123-36892	Billings 3H-18H L368	DG	<input checked="" type="checkbox"/>
432006	WELL	DG	10/01/2014	LO	123-36893	Billings 3G-18H L368	DG	<input checked="" type="checkbox"/>
432160	WELL	DG	10/11/2014	LO	123-36982	Billings 3B-18H L368	DG	<input checked="" type="checkbox"/>
432161	WELL	DG	10/11/2014	LO	123-36983	Billings 3A-18H L368	DG	<input checked="" type="checkbox"/>
432162	WELL	DG	10/10/2014	LO	123-36984	Billings 3C-18H L368	DG	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

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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

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?				

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 432004

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:

BMP Type	Comment
Drilling/Completion Operations	The rig that will drill the wells at this location is without kelly. A double ram with blind ram and pipe ram as well as an annular preventer will be used. At least one person at the well site during drilling operations will have the Mineral Management certification or Director approved training for blowout prevention.
Construction	This location will be constructed in such a manner that noise mitigation may be installed and removed without disturbing the site or landscaping.

Drilling/Completion Operations	Prior to drilling operations, Operator will perform an anti-collision scan of existing offset wells that have the potential of being within close proximity of the proposed well. This anti-collision scan will include definitive MWD or gyro surveys of the offset wells with included error of uncertainty per survey instrument, and compared against the proposed wellpath with its respective error of uncertainty. If current surveys do not exist for the offset wells, Operator may have gyro surveys conducted to verify bottomhole location. The proposed well will only be drilled if the anti-collision scan results indicate that there is not a risk for collision, or harm to people or the environment. For the proposed well, upon conclusion of drilling operations, an as-constructed gyro survey will be submitted to COGCC with the Form 5.
Emissions mitigation	Temporary flowback flaring an doxidizing equipment will include: adequately sized equipment to handle 1.5 times the largest flowback volume of gas experienced in a ten mile radius. If there is overrun, Encana will shut in the well versus freely venting
Noise mitigation	Encana will construct the subject location to allow potential future noise mitigation installation without disturbance.
Construction	At the time of construction, all leasehold roads will be constructed to accommodate local emergency vehicle access requirements, and will be maintained in a reasonable condition.
Pre-Construction	Prior to construction, Encana will write a "Risk Assessment Need Determination" to identify any further mitigation measures that will be needed for this location that meet Encana's Best Management Practices.
Noise mitigation	Encana will perform a baseline noise survey prior to any operational activity measuring dBA at a distance 350 feet from the noise source. If low frequency noise is a concern, we will measure dBC at 25 feet from the occupied structure towards the noise source. As necessary based on the survey, we will install temporary sound walls to minimize noise and light impacts during drilling and completions.
General Housekeeping	Any material not in use that might constitute a fire hazard will be removed a minimum of twenty-five (25) feet from the wellheads.
Drilling/Completion Operations	Guy line anchors in the DJ Basin are not installed. Encana will use an engineered base beam that we guy wire anchor the derricks to.
Drilling/Completion Operations	Upon initial rig-up and at least once every thirty (30) days during drilling operations thereafter, pressure testing of the casing string and each component of the blowout prevention equipment including flange connections will be performed to seventy percent (70%) of working pressure or seventy percent (70%) of the internal yield of casing, whichever is less. Pressure testing will be conducted and the documented results will be retained by the operator for inspection by the Director for a period of one (1) year. Activation of the pipe rams for function testing will be conducted on a daily basis when practicable.
Traffic control	At this time, Weld County does not require traffic control plans. Encana has already obtained the necessary access permit for this location through the county.
Drilling/Completion Operations	Adequate blowout prevention equipment will be used on all well servicing operations. Backup stabbing valves will be used on well servicing operations during reverse circulation. Valves will be pressure tested before each well servicing operation using both low-pressure air and high-pressure fluid.
General Housekeeping	Encana will maintain the site so that all surface trash, debris, scrap or discarded material connected with the operations of the property will be removed from the premises or disposed of in a legal manner.
Drilling/Completion Operations	Encana will utilize a closed-loop system for drilling operations at this location. Encana will not utilize pits.

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: 432001 Type: WELL API Number: 123-36889 Status: DG Insp. Status: DG

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC
 Other: _____

Observation:

Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 432002 Type: WELL API Number: 123-36890 Status: DG Insp. Status: DG

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC
 Other: _____

Observation:

Maximum Casing Recorded: _____ PSI Tubing: _____
 Surface: _____ Intermediate: _____
 Production: _____ Instantaneous Shut-In Pressure (ISIP) _____
 Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 432003 Type: WELL API Number: 123-36891 Status: DG Insp. Status: DG

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 432005 Type: WELL API Number: 123-36892 Status: DG Insp. Status: DG

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 432006 Type: WELL API Number: 123-36893 Status: DG Insp. Status: DG

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC

Observation:

Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 432160 Type: WELL API Number: 123-36982 Status: DG Insp. Status: DG

Complaint

Comment: **Complaint # 200422153**
Date Complaint Received: 1-30-2015
Location Inspected: Billings Location
Inspection Document # 673801729
Complainant: Sarah Sharp
Phone: 303-485-6414
Address: 161 Henson Drive Longmont CO, 80504
Nature of Complaint: Noise
Field Inspector Assigned: Jason E. Gomez
Field Inspection Actions:
 On 1-30-2015 I returned the complainants home to perform a sound study to check on the noise levels coming from the frac operation located at the Encana Billings location. I set up my sound equipment next to the independent sound study equipment being performed by Encana. I set my equipment of the north side of the complainants home approx 25' from the residence. During the 1hr long sound study the winds were between 0 to 4 mph out of the west. The results of the sound study were attached to the site inspection Doc#673801729. I also received a copy of the Independent sound study results from Encana which are also attached to Doc # 673801729. As a result of both the COGCC sound study and the independent sound study from Encana it was found that the frac operation at the Billings location was operating within the limits of the COGCC at this time.

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC

Observation: Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 432161 Type: WELL API Number: 123-36983 Status: DG Insp. Status: DG

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC

Observation: Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

Facility ID: 432162 Type: WELL API Number: 123-36984 Status: DG Insp. Status: DG

Well Stimulation

Stimulation Company: BWS Stimulation Type: HYDRAULIC FRAC

Observation: Other: _____

Maximum Casing Recorded: _____ PSI Tubing: _____

Surface: _____ Intermediate: _____

Production: _____ Instantaneous Shut-In Pressure (ISIP) _____

Bradenhead Psi: _____ Frac Flow Back: _____ Fluid: _____ Gas: _____

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: DRY LAND

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: DRY LAND

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Inspector Name: Gomez, Jason

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
Berms	Pass	Berms	Pass	VT	Pass	
Ditches	Pass	Ditches	Pass			
Waddles	Pass	Waddles	Pass			

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

Document Num	Description	URL
673801730	COGCC Sound Study	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3542617
673801731	Independent Sound Study	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3542618