

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 |
|----|----|----|----|

Inspection Date:
02/13/2015

Document Number:
674701011

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|---------------|---------------|------------------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | <u>335600</u> | <u>335600</u> | <u>LONGWORTH, MIKE</u> | <input type="checkbox"/> | |

Operator Information:

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: 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 |
|----------------------|--------------|------------------------------|-------------------------|
| Inspections, General | 970-285-2665 | cogcc.inspections@encana.com | EnCana Inspection email |

Compliance Summary:

QtrQtr: NWNE Sec: 26 Twp: 5S Range: 96W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 07/28/2014 | 674700119 | | | SATISFACTORY | | | No |
| 07/28/2014 | 674700118 | | | SATISFACTORY | | | No |
| 12/20/2013 | 663902537 | | | SATISFACTORY | | | No |
| 12/20/2013 | 663902538 | | | SATISFACTORY | | | No |
| 05/30/2012 | 663800364 | | | SATISFACTORY | | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-----------------------------|-------------|-------------------------------------|
| 191 | WELL | PR | 01/31/2008 | GW | 045-15451 | N PARACHUTE WF14D-23B26596 | PR | <input checked="" type="checkbox"/> |
| 197 | WELL | PR | 01/31/2008 | GW | 045-15452 | N PARACHUTE WF15D-23 B26596 | PR | <input checked="" type="checkbox"/> |
| 198 | WELL | PR | 01/31/2008 | GW | 045-15453 | N PARACHUTE WF15C-26 B26596 | PR | <input checked="" type="checkbox"/> |
| 202 | WELL | PR | 05/31/2009 | GW | 045-15454 | N PARACHUTE WF15B-23 B26596 | PR | <input checked="" type="checkbox"/> |
| 285052 | WELL | AL | 07/09/2012 | LO | 045-12362 | ENCANA RPW 41-26-596 | AL | <input type="checkbox"/> |
| 285064 | WELL | PR | 06/09/2006 | GW | 045-12367 | N PARACHUTE WF02B-26B26596 | PR | <input checked="" type="checkbox"/> |
| 285067 | WELL | PR | 06/09/2006 | GW | 045-12365 | N PARACHUTE WF02D-26 B26596 | PR | <input checked="" type="checkbox"/> |

| | | | | | | | | |
|--------|------|----|------------|----|-----------|----------------------------|----|-------------------------------------|
| 285068 | WELL | PR | 12/30/2008 | GW | 045-12366 | N PARACHUTE WF01A-26B26596 | PR | <input checked="" type="checkbox"/> |
| 285070 | WELL | AL | 07/09/2012 | LO | 045-12364 | ENCANA RPW 441-26-596 | AL | <input type="checkbox"/> |
| 285071 | WELL | AL | 07/09/2012 | LO | 045-12363 | ENCANA RPW 431-26-596 | AL | <input type="checkbox"/> |
| 431151 | PIT | CL | 02/05/2015 | | - | WF B26 596 431151 | CL | <input 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 |
| CONTAINERS | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | 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 |
| Other | 7 | SATISFACTORY | Gas lift | | |
| Ancillary equipment | 1 | SATISFACTORY | Chemical container | | |
| Horizontal Heated Separator | 7 | SATISFACTORY | | | |
| Plunger Lift | 7 | SATISFACTORY | | | |
| Bird Protectors | 7 | SATISFACTORY | | | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|---|----------|------------------|--------|
| CONDENSATE | 1 | 300 BBLS | HEATED 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 | |

Facilities: New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|-----------|--------|
| PRODUCED WATER | 3 | 300 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 |
|------|----------|---------------------|---------------------|-------------|
| | | | | |

| | |
|-------------------|-----------------|
| Corrective Action | Corrective Date |
| Comment | |

Venting:

| | |
|--------|---------|
| Yes/No | Comment |
| NO | |

Flaring:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 335600

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: 191 Type: WELL API Number: 045-15451 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 197 Type: WELL API Number: 045-15452 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 198 Type: WELL API Number: 045-15453 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 202 Type: WELL API Number: 045-15454 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 285064 Type: WELL API Number: 045-12367 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 285067 Type: WELL API Number: 045-12365 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 285068 Type: WELL API Number: 045-12366 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 _____

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? _____ 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? 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: _____

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 |
| | | | | MHSP | Pass | |
| | | Ditches | Pass | | | |
| | | Check Dams | Pass | | | |
| Compaction | Pass | | | | | |
| Gravel | Pass | | | | | |
| | | Compaction | Pass | | | |
| Check Dams | Pass | | | | | |
| Ditches | Pass | | | | | |
| Berms | Pass | | | | | |
| Hydro Mulch | Pass | | | | | |
| Seeding | | | | | | |
| | | Gravel | Pass | | | |
| | | Culverts | Pass | | | |

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT