

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:
03/10/2015

Document Number:
666800740

Overall Inspection:

ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>285877</u>	<u>334666</u>	<u>Murray, Richard</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
Ellsworth, Stuart		stuart.ellsworth@state.co.us	
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr: SWSW Sec: 1 Twp: 7S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/22/2008	200194090	DG	WO	SATISFACTORY			No
08/25/2007	200122346	CO	PR	SATISFACTORY			No
01/22/2007	200106950	PR	SI	SATISFACTORY	I	Pass	No
10/10/2006	200103323	CO	WO	SATISFACTORY		Pass	No
09/19/2006	200096438	CC	DG	SATISFACTORY	I	Pass	No
09/19/2006	200098490	CC	DG	SATISFACTORY	I	Pass	No

Inspector Comment:

Bradenhead gauge has 150 psi on it

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
285781	WELL	PR	01/06/2007	GW	045-12515	JUNIPER 1-13A (M1E)	PR	<input checked="" type="checkbox"/>
285875	WELL	PR	12/27/2006	GW	045-12582	JUNIPER 2-16A (M1E)	PR	<input checked="" type="checkbox"/>
285876	WELL	PR	12/30/2006	GW	045-12581	JUNIPER 2-16 (M1E)	PR	<input checked="" type="checkbox"/>
285877	WELL	PR	12/19/2006	GW	045-12580	JUNIPER 1-13 (M1E)	PR	<input checked="" type="checkbox"/>
296480	WELL	PR	10/23/2008	GW	045-16049	JUNIPER 1-12A (M1E)	PR	<input checked="" type="checkbox"/>
296481	WELL	PR	10/09/2008	GW	045-16050	JUNIPER 2-9(M1E)	PR	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

296482	WELL	PR	10/19/2008	GW	045-16051	JUNIPER 1-12(M1E)	PR	<input checked="" type="checkbox"/>
296483	WELL	PR	10/21/2008	GW	045-16052	JUNIPER 12-4A(M1E)	PR	<input checked="" type="checkbox"/>
296484	WELL	PR	10/30/2008	GW	045-16053	JUNIPER 11-1A (M1E)	PR	<input checked="" type="checkbox"/>
296609	WELL	PR	10/19/2008	GW	045-16088	JUNIPER 2-9A (M1E)	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
CONTAINERS	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: _____
 Comment: _____
 Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
OTHER	ACTION REQUIRED	Stained gravel in both tank battery containments	Clean containment	04/04/2015

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	1	SATISFACTORY			
Ancillary equipment	1	SATISFACTORY	Chemical unit at wellhead		
Plunger Lift	10	SATISFACTORY			
Horizontal Heated Separator	10	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS

Inspector Name: Murray, Richard

CONDENSATE	2	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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	
---------	--

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	500 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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
-------------------	--	-----------------	--

Comment	
---------	--

Venting:	
Yes/No	Comment
YES	Valves open to EMD

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 285877

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: 285781 Type: WELL API Number: 045-12515 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift, Bradenhead has 150 psi on gauge**

Facility ID: 285875 Type: WELL API Number: 045-12582 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 285876 Type: WELL API Number: 045-12581 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 285877 Type: WELL API Number: 045-12580 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296480 Type: WELL API Number: 045-16049 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296481 Type: WELL API Number: 045-16050 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296482 Type: WELL API Number: 045-16051 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296483 Type: WELL API Number: 045-16052 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296484 Type: WELL API Number: 045-16053 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296609 Type: WELL API Number: 045-16088 Status: PR Insp. Status: PR

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: ACTION CA Date: _____

CA: _____

Comment: _____

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): N

Comment: _____

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

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? Pass 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? Pass

1003d. Drilling pit closed? Pass 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: _____

Inspector Name: Murray, Richard

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
		Compaction	Pass			
Ditches	Pass					
		Ditches	Pass			
		Culverts	Pass			
Retention Ponds	Pass					
Berms	Pass					
Slope Roughening	Pass					
Seeding	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
666800764	Juniper 1-13	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3568375

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission (“COGCC”) and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator’s compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date**. Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34-60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of \$15,000 per day and penalties are no longer capped at a maximum of \$10,000 per violation.)