

**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:
03/19/2015Document Number:
666800782Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	211423	334574	Murray, Richard	<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
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:QtrQtr: NWSW Sec: 3 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)
11/02/2006	200103804	CO	PR	SATISFACTORY		Pass	No
06/05/2003	200051182	CO	PR	SATISFACTORY	I	Pass	No
06/25/2002	200038433	PR	PR	SATISFACTORY		Pass	No
02/21/2002	200024993	PR	PR	SATISFACTORY		Pass	No
03/09/1999	500143049	PR	PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211423	WELL	PR	06/04/2013	GW	045-07183	OKAGAWA 3-12	PR	<input checked="" type="checkbox"/>
268571	WELL	PR	03/10/2004	GW	045-09273	OKAGAWA 4-9A (L3E)	PR	<input checked="" type="checkbox"/>
268572	WELL	PR	03/09/2004	GW	045-09274	CHEROKEE 3-13 (L3E)	PR	<input checked="" type="checkbox"/>
268573	WELL	PR	03/13/2004	GW	045-09275	OKAGAWA 3-12D (L3E)	PR	<input checked="" type="checkbox"/>
286217	WELL	PR	02/10/2007	GW	045-12622	OKAGAWA 3-11C (L3E)	PR	<input checked="" type="checkbox"/>
286218	WELL	AL	05/10/2007	LO	045-12621	OKAGAWA 3-14C (L3E)	AL	<input checked="" type="checkbox"/>
286219	WELL	AL	05/10/2007	LO	045-12620	OKAGAWA 3-14B (L3E)	AL	<input checked="" type="checkbox"/>

Inspector Name: Murray, Richard

286781	WELL	PR	02/16/2007	GW	045-12779	OKAGAWA 3-12B (L3E)	PR	<input checked="" type="checkbox"/>
286782	WELL	PR	02/14/2007	GW	045-12778	OKAGAWA 3-11A (L3E)	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 Motors: _____	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
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?**Equipment:**

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	3	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Plunger Lift	7	SATISFACTORY			
Vertical Heated Separator	4	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	0			,
S/A/V:		Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	
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Other (Content) _____

Inspector Name: Murray, Richard

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Comment	
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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLs	HEATED STEEL AST	,

S/A/V:	SATISFACTORY	Comment:	
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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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	
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Comment	
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Venting:

Yes/No	Comment	
NO		

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 211423

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: 211423 Type: WELL API Number: 045-07183 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 268571 Type: WELL API Number: 045-09273 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 268572 Type: WELL API Number: 045-09274 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 268573 Type: WELL API Number: 045-09275 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 286217 Type: WELL API Number: 045-12622 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 286218 Type: WELL API Number: 045-12621 Status: AL Insp. Status: AL

Idle WellPurpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: No visal sign of well

Facility ID: 286219 Type: WELL API Number: 045-12620 Status: AL Insp. Status: AL

Idle WellPurpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: No visal sign of well

Facility ID: 286781 Type: WELL API Number: 045-12779 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 286782 Type: WELL API Number: 045-12778 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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: _____

Inspector Name: Murray, Richard

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? CM

CA CA Date

Guy line anchors marked? Pass 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:

Comment:

Inspector Name: Murray, Richard

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 <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass					
Seeding	Pass					
Sediment Traps	Pass					
Berms	Pass					
		Culverts	Pass			
Culverts	Pass					
		Ditches	Pass			

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

Comment: _____
CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT