

**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:
666800775Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	258738	334935	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: SWNE Sec: 33 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/23/2011	659700003	PR	PR	SATISFACTORY	P		No
10/26/2007	200124288	CO	PR	SATISFACTORY	I		No
12/01/2006	200101360	PR	PR	SATISFACTORY	I	Pass	No
11/06/2006	200104050	CO	PR	SATISFACTORY		Pass	No
09/06/2006	200102332	CO	PR	SATISFACTORY	I	Pass	No
09/05/2006	200102314	CO	PR	SATISFACTORY	I	Pass	No
08/15/2006	200102226	PR	PR	ACTION REQUIRED	I	Pass	Yes
01/17/2006	200088236	PR	PR	SATISFACTORY		Pass	No
06/06/2001	200020459	CO	WO	SATISFACTORY		Pass	No
06/01/2001	200019151	CO	WO	SATISFACTORY		Pass	No
04/18/2001	200017302	ES	WO	ACTION REQUIRED		Fail	Yes
04/11/2001	200022418	CO	DG	ACTION REQUIRED		Fail	Yes
01/29/2001	200014451	DG	DG	SATISFACTORY		Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
258738	WELL	PR	08/21/2004	GW	045-07651	BOULTON 33-2 (G33)	PR	<input checked="" type="checkbox"/>
258739	WELL	PR	08/21/2004	GW	045-07652	BOULTON 33-7 (G-33)	PR	<input checked="" type="checkbox"/>

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258740	WELL	PR	08/21/2004	GW	045-07653	BOULTON 33-9 (G33)	PR	<input checked="" type="checkbox"/>
258741	WELL	PR	08/21/2004	GW	045-07654	BOULTON 33-8 (G33)	PR	<input checked="" type="checkbox"/>
273575	WELL	PA	04/28/2011	OBW	045-10263	BOULTON 33-10A (G33NE)	PA	<input checked="" type="checkbox"/>
273576	WELL	PR	05/22/2005	GW	045-10264	BOULTON 33-8A (G33NE)	PR	<input checked="" type="checkbox"/>
275356	WELL	PR	05/27/2005	GW	045-13527	BOULTON 33-10A2 (G33NE)	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
BATTERY	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
Emission Control Device	1	SATISFACTORY			
Vertical Heated Separator	4	SATISFACTORY			
Horizontal Heated Separator	2	SATISFACTORY			
Pig Station	2	SATISFACTORY			
Plunger Lift	6	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			

Venting:

Yes/No	Comment
NO	

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

Predrill

Location ID: 258738

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: 258738 Type: WELL API Number: 045-07651 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 258739 Type: WELL API Number: 045-07652 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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Facility ID: 258740 Type: WELL API Number: 045-07653 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 258741 Type: WELL API Number: 045-07654 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 273575 Type: WELL API Number: 045-10263 Status: PA Insp. Status: PA

Idle Well

Purpose: ☐ Shut In ☐ Temporarily Abandoned Reminder: _____

S/A/V: _____ CA Date: _____

CA: _____

Comment: No visal sign of well

Facility ID: 273576 Type: WELL API Number: 045-10264 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 275356 Type: WELL API Number: 045-13527 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:

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

Field Parameters:

Sample Location: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
200121034	ODOR	Graham, Dave	LINDA STATED THAT SHE NOTICED ODOR AT HER RESIDENCE AT ABOUT 4PM ON 10-25-07. SHE SAID THAT THE SMELL HAD GONE AWAY BUT SHE THOUGHT SHE SHOULD REPORT IT. I TOLD HER THAT I WOULD DO AN INSPECTION AND GET BACK TO HER WITH THE RESULTS. WE HAVE GOTTEN ONE MORE COMPLAINT ABOUT THE SAME TIME IN THE VERY SAMR AREA.	10/25/2007

Inspector Name: Murray, Richard

Emission Control Burner (ECB): Y

Comment:

Pilot: ON

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 ☐

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					
Seeding	Pass					
		Culverts	Pass			
		Gravel	Pass			
Gravel	Pass					
		Ditches	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT