

**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:

03/26/2015

Document Number:

675201385

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334089	334089	CONKLIN, CURTIS	<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
Encana,		cogcc.inspections@encana.com	All Inspections

Compliance Summary:QtrQtr: NENE Sec: 36 Twp: 7S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/30/2014	663903093			SATISFACTORY			No
04/30/2014	663903092			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
275580	WELL	PR	09/13/2005	GW	045-10348	DAYBREAK 36-1 (PA36)	PR	<input checked="" type="checkbox"/>
275581	WELL	AL	10/14/2005	LO	045-10349	DAY BREAK 36-2 (PA-36-7-9	AL	<input type="checkbox"/>
275582	WELL	PR	05/30/2005	GW	045-10350	DAY BREAK 25-16(PA-36-7-9	PR	<input checked="" type="checkbox"/>
275583	WELL	PR	11/18/2005	GW	045-10351	DAY BREAK 25-15 (PA-36-7-	PR	<input checked="" type="checkbox"/>
275584	WELL	AL	04/19/2005	LO	045-10352	DAY BREAK FEDERAL 30-13(PA-36-7-9	AL	<input type="checkbox"/>
276065	WELL	PR	04/12/2006	GW	045-10417	DAYBREAK 25-16BB (PA36)	PR	<input checked="" type="checkbox"/>
276068	WELL	TA	06/30/2011	GW	045-10416	DAY BREAK 36-2BB (PA36)	TA	<input checked="" type="checkbox"/>
276069	WELL	PR	04/12/2006	GW	045-10415	DAY BREAK 36-1BB (PA36)	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: CONKLIN, CURTIS

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

Lease Road:

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: 970-625-4209

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
Vertical Heated Separator	6	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Plunger Lift	5	SATISFACTORY			

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
METHANOL	1	1000 GAL	STEEL AST	,

S/A/V: SATISFACTORY

Comment: _____

Corrective Action: _____

Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Inspector Name: CONKLIN, CURTIS

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance																								
Corrective Action					Corrective Date																							
Comment	Same																											
Facilities: <input type="checkbox"/> New Tank Tank ID: _____																												
Contents	#	Capacity	Type	SE GPS																								
CONDENSATE	4	300 BBLS	STEEL AST	,																								
S/A/V:	SATISFACTORY		Comment:																									
Corrective Action:					Corrective Date:																							
<u>Paint</u> <table border="1"> <tr> <td>Condition</td><td>Adequate</td></tr> </table> Other (Content) _____ Other (Capacity) _____ Other (Type) _____							Condition	Adequate																				
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<u>Berms</u> <table border="1"> <tr> <td>Type</td><td>Capacity</td><td>Permeability (Wall)</td><td>Permeability (Base)</td><td>Maintenance</td></tr> <tr> <td>Metal</td><td>Adequate</td><td>Walls Sufficient</td><td>Base Sufficient</td><td>Adequate</td></tr> </table> <table border="1"> <tr> <td>Corrective Action</td><td colspan="3"></td><td>Corrective Date</td><td></td></tr> <tr> <td>Comment</td><td colspan="5"></td></tr> </table>							Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	Corrective Action				Corrective Date		Comment					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance																								
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate																								
Corrective Action				Corrective Date																								
Comment																												
<u>Venting:</u> <table border="1"> <tr> <td>Yes/No</td><td>Comment</td></tr> <tr> <td>NO</td><td></td></tr> </table>							Yes/No	Comment	NO																			
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Predrill

Location ID: 334089

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: 275580 Type: WELL API Number: 045-10348 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 275582 Type: WELL API Number: 045-10350 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 275583 Type: WELL API Number: 045-10351 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 276065 Type: WELL API Number: 045-10417 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 276068 Type: WELL API Number: 045-10416 Status: TA Insp. Status: TA

Idle Well

Purpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Last MIT 7/7/11

Facility ID: 276069 Type: WELL API Number: 045-10415 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

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: _____

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 REVEGETATIONCropland

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 ☐

Inspector Name: CONKLIN, CURTIS

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Compaction	Pass			
Seeding	Pass					
Compaction	Pass	Gravel	Pass			
Gravel	Pass	Culverts	Pass			
Retention Ponds	Pass					

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT