

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



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Inspection Date:
04/27/2015

Document Number:
675201498

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>211577</u>	<u>334681</u>	<u>CONKLIN, CURTIS</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
Encana,		cogcc.inspections@encana.com	All Inspections

Compliance Summary:

QtrQtr:	<u>SENV</u>	Sec:	<u>29</u>	Twp:	<u>7S</u>	Range:	<u>95W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/21/2013	663800780	PR	PR	SATISFACTORY	I		No
09/08/2008	200195787	PR	PR	SATISFACTORY			No
04/14/2008	200130628	PR	PR	SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
211577	WELL	PR	11/28/2012	GW	045-07338	S. PARACHUTE FEDERAL 29-22	PR	<input checked="" type="checkbox"/>
277694	WELL	PR	11/28/2012	GW	045-10753	FEDERAL 29-3 (PF29)	PR	<input checked="" type="checkbox"/>
277695	WELL	PR	11/28/2012	GW	045-10752	FEDERAL 29-12 (PF29)	PR	<input checked="" type="checkbox"/>
280726	WELL	PA	05/28/2010	GW	045-11334	FEDERAL 29-6W (PF29)	PA	<input checked="" type="checkbox"/>
426676	WELL	PR	11/05/2012	GW	045-21194	Federal 29-6B (PF-29)	PR	<input checked="" type="checkbox"/>
426677	WELL	PR	12/06/2012	GW	045-21195	Federal 29-5A (PF-29)	PR	<input checked="" type="checkbox"/>
426679	WELL	PR	11/05/2012	GW	045-21196	Federal 29-11A- (PF-29)	PR	<input checked="" type="checkbox"/>
426684	WELL	PR	11/05/2012	GW	045-21197	Federal 29-6BB (PF-29)	PR	<input checked="" type="checkbox"/>
426685	WELL	PR	11/05/2012	GW	045-21198	Federal 29-5C (PF-29)	PR	<input checked="" type="checkbox"/>

Equipment:		Location Inventory			
Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>9</u>	Production Pits: _____		
Condensate Tanks: <u>4</u>	Water Tanks: _____	Separators: <u>9</u>	Electric Motors: _____		
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____		
Electric Generators: _____	Gas Pipeline: <u>1</u>	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	Condensate		
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	ACTION REQUIRED	Methanol, see attached photo	Install sign to comply with rule 210.	05/11/2015

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

Comment: 970-285-2600

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	Wire fence		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Vertical Heated Separator	5	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Horizontal Heated Separator	3	SATISFACTORY			
Plunger Lift	8	SATISFACTORY			
Bird Protectors	4	SATISFACTORY			

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	<50 BBLS	STEEL AST		

S/A/V:	SATISFACTORY	Comment:	See sign section of inspection
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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	
Comment			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	1	300 BBLS	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	
Comment			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	500 BBLS	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

Corrective Action		Corrective Date	
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Comment	Samee as 300bbl
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Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 211577

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczkod	<p>SITE SPECIFIC COAs:</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface or buried pipelines.</p> <p>Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations; including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>Flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline or pit located on the well pad or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material.</p> <p>The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts.</p>	10/27/2011

S/A/V: _____ **Comment:** Secondary containment around fluids.

CA: _____ **Date:** _____

Wildlife BMPs:

BMP Type	Comment
Wildlife	All wildlife stipulations and best management practices that apply, are applicable and that have been agreed to with the BLM, and are presented in our approved South Parachute Geographic Area Plan for Oil and Gas Development (EA#COC140-2006-050) will be followed.

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: 211577	Type: WELL	API Number: 045-07338	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 277694	Type: WELL	API Number: 045-10753	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 277695	Type: WELL	API Number: 045-10752	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 280726	Type: WELL	API Number: 045-11334	Status: PA	Insp. Status: PA
Producing Well				
Comment: PR w/ plunger				
Facility ID: 426676	Type: WELL	API Number: 045-21194	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				
Facility ID: 426677	Type: WELL	API Number: 045-21195	Status: PR	Insp. Status: PR
Producing Well				
Comment: PR w/ plunger				

Facility ID: 426679 Type: WELL API Number: 045-21196 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 426684 Type: WELL API Number: 045-21197 Status: PR Insp. Status: PR

Producing Well

Comment: PR w/ plunger

Facility ID: 426685 Type: WELL API Number: 045-21198 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:

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: TIMBER

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 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: TIMBER

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
Berms	Pass	Compaction	Pass			
Seeding	Pass					
Gravel	Pass					

Inspector Name: CONKLIN, CURTIS

Compaction	Pass	Gravel	Pass			
Retention Ponds	Pass					
Slope Roughening	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
675201500	Methanol tank missing capacity	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3598082