

**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:
05/15/2015Document Number:
674002312Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	433170	433168	Carlile, Craig	<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
Inspections, All		cogccinspections@encana.com	All Inspections

Compliance Summary:QtrQtr: NWSW Sec: 16 Twp: 3N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/18/2014	668701958	DG	DG	SATISFACTORY	I		No
07/08/2014	674001233	DG	DG	SATISFACTORY	I		No
03/07/2014	600000885	DG	WO	SATISFACTORY	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
433167	WELL	PR	07/08/2014	OW	123-37508	State 3E-16H	PR	<input checked="" type="checkbox"/>
433169	WELL	PR	07/08/2014	OW	123-37509	State 3G-16H	PR	<input checked="" type="checkbox"/>
433170	WELL	PR	07/08/2014	OW	123-37510	State 3A-16H	PR	<input checked="" type="checkbox"/>
433171	WELL	PR	07/08/2014	OW	123-37511	State 3F-16H	PR	<input checked="" type="checkbox"/>
433172	WELL	PR	07/08/2014	OW	123-37512	State 3D-16H	PR	<input checked="" type="checkbox"/>
433173	WELL	PR	07/08/2014	OW	123-37513	State 3B-16H	PR	<input checked="" type="checkbox"/>
433174	WELL	PR	07/08/2014	OW	123-37514	State 3C-16H	PR	<input checked="" type="checkbox"/>
433175	WELL	PR	07/08/2014	OW	123-37515	State 3H-16H	PR	<input checked="" type="checkbox"/>
437090	SPILL OR RELEASE	AC	05/06/2014		-	SPILL/RELEASE POINT	AC	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>8</u>	Separators: <u>8</u>	Electric Motors: _____
Gas or Diesel Motors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>8</u>	Oil Tanks: <u>24</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location**Signs/Marker:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
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?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	Metal Picket		
OTHER	SATISFACTORY	Sound barrier around compressor		
WELLHEAD	SATISFACTORY	Metal Picket		
TANK BATTERY	SATISFACTORY	Metal Picket		
IGNITOR/COMBUST OR	SATISFACTORY	Metal Picket		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Gas Meter Run	2	SATISFACTORY			
Horizontal Heated Separator	8	SATISFACTORY			
VRU	2	SATISFACTORY			
Compressor	6	SATISFACTORY			
Emission Control Device	12	SATISFACTORY			
Bird Protectors	20	SATISFACTORY			
Other	1	SATISFACTORY	Transformer.		

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	3	OTHER		,

Inspector Name: Carlile, Craig

S/A/V:			Comment:		
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition					
Other (Content)					
Other (Capacity)	230 Bbl				
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action					Corrective Date
Comment	Shared with crude oil.				
Facilities: <input type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	18	500 BBLS	STEEL AST	40.223330,-105.016190	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:					Corrective Date:
<u>Paint</u>					
Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action					Corrective Date
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date	
Ignitor/Combustor	SATISFACTORY				

Predrill

Location ID: 433170

Site Preparation:

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

S/A/V: _____

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

Form 2A COAs:

Group	User	Comment	Date
OGLA	youngr	The tank battery shall not exceed 24 total tanks.	05/30/2013
OGLA	youngr	The operator shall provide a schedule to the Town of Mead and pledge their best efforts to not schedule rig moves and to minimize drilling activities high traffic and high impact activities on Thanksgiving Day and the day after Thanksgiving and the day before Christmas and Christmas Day.	05/30/2013
OGLA	youngr	The location shall be accessed using Hwy 66 to WCR 5 then north to the access road.	05/30/2013

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: 433167 Type: WELL API Number: 123-37508 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHeadComment: Plumbed to surface.CA: CA Date: Facility ID: 433169 Type: WELL API Number: 123-37509 Status: PR Insp. Status: PR**Producing Well**Comment: PR**BradenHead**Comment: Plumbed to surface.CA: CA Date: Facility ID: 433170 Type: WELL API Number: 123-37510 Status: PR Insp. Status: PR**Producing Well**Comment: PR**BradenHead**Comment: Plumbed to surface.CA: CA Date: Facility ID: 433171 Type: WELL API Number: 123-37511 Status: PR Insp. Status: PR**Producing Well**Comment: PR**BradenHead**Comment: Plumbed to surface.CA: CA Date: Facility ID: 433172 Type: WELL API Number: 123-37512 Status: PR Insp. Status: PR**Producing Well**Comment: PR**BradenHead**Comment: Plumbed to surface.CA: CA Date: Facility ID: 433173 Type: WELL API Number: 123-37513 Status: PR Insp. Status: PR**Producing Well**Comment: PR**BradenHead**Comment: Plumbed to surface.CA: CA Date: Facility ID: 433174 Type: WELL API Number: 123-37514 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Plumbed to surface.

CA:

CA Date:

Facility ID: 433175 Type: WELL API Number: 123-37515 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Plumbed to surface.

CA:

CA Date:

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
200399368	NOISE	Precup, Jim	complaint of noise disturbing complainant during fracing operation	03/07/2014
200399370	NOISE	Precup, Jim	Complaint of noise disturbing complainant during fracing operation	03/20/2014

Emission Control Burner (ECB): Y

Comment: Compressors on location.

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

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: IRRIGATED

Comment:

Inspector Name: Carlile, Craig

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? _____ 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 ? Pass

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: IRRIGATED _____

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: _____

Inspector Name: Carlile, Craig

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
Gravel	Pass					
				VT	Pass	Oversized cattle guard at entrance.
		Gravel	Pass			

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
Routine inspection.	carlilec	05/15/2015