

Inspector Name: Peterson, Tom

**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

Inspection Date:
06/10/2015Document Number:
670901118Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	424643	424660	Peterson, Tom	<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
,		cogcc.djinspections@encana.com	All inspections
House, Chris		larry.house@encana.com	All inspections

Compliance Summary:QtrQtr: NWNE Sec: 17 Twp: 2N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/06/2015	670900252	PR	PR	SATISFACTORY			No

Inspector Comment:No damage to battery from recent storms was observed.**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
424643	WELL	PR	05/03/2013	OW	123-34127	FILE 41-17	FR	<input checked="" type="checkbox"/>
424648	WELL	PR	04/05/2013	OW	123-34128	FILE 1-17	FR	<input checked="" type="checkbox"/>
424650	WELL	PR	04/05/2013	OW	123-34129	FILE 6-0-17	FR	<input checked="" type="checkbox"/>
424651	WELL	PR	04/05/2013	GW	123-34130	FILE 32-17	FR	<input checked="" type="checkbox"/>
424670	WELL	PR	04/05/2013	OW	123-34131	FILE 8-2-17	FR	<input checked="" type="checkbox"/>
424671	WELL	PR	04/05/2013	GW	123-34132	FILE 4-2-17	FR	<input checked="" type="checkbox"/>
424681	WELL	PA	02/10/2012	GW	123-34133	FILE 42-17	PA	<input type="checkbox"/>
425072	WELL	PR	05/03/2013	GW	123-34264	FILE 31-17	FR	<input checked="" type="checkbox"/>
427632	WELL	PR	04/03/2013	OW	123-35057	FILE 42-17 X	FR	<input checked="" type="checkbox"/>

Equipment:Location Inventory

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Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>3</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>1</u>	Oil Tanks: <u>3</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
OTHER	SATISFACTORY	Lease road entrance		
WELLHEAD	SATISFACTORY	x 8		
BATTERY	SATISFACTORY			

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

Comment: _____

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
TANK BATTERY	SATISFACTORY	Barbed wire topped chain link		
SEPARATOR	SATISFACTORY	Barbed wire topped chain link		
WELLHEAD	SATISFACTORY	Wire topped chain link		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Separator	1	SATISFACTORY			

Facilities:					
<input type="checkbox"/> New Tank		Tank ID: _____			
Contents	#	Capacity	Type	SE GPS	
CONDENSATE		OTHER	STEEL AST	,	
S/A/V:	SATISFACTORY	Comment:	330 bbls		
Corrective Action:					Corrective Date:

Paint	
Condition	Adequate
Other (Content) _____	
Other (Capacity) _____	

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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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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	0			,

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

Condition	
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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	
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Venting:		
Yes/No	Comment	
NO		

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

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Predrill

Location ID: 424643

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: 424643 Type: WELL API Number: 123-34127 Status: PR Insp. Status: FR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at surface.

CA: _____

CA Date: _____

Facility ID: 424648 Type: WELL API Number: 123-34128 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424650 Type: WELL API Number: 123-34129 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424651 Type: WELL API Number: 123-34130 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424670 Type: WELL API Number: 123-34131 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 424671 Type: WELL API Number: 123-34132 Status: PR Insp. Status: FR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is exposed at surface.**

CA:

CA Date:

Facility ID: 425072 Type: WELL API Number: 123-34264 Status: PR Insp. Status: FR

Producing WellComment: **PR**

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BradenHead

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 427632 Type: WELL API Number: 123-35057 Status: PR Insp. Status: FR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is exposed at 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:

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: RANGELAND

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

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CA _____ CA Date _____
Guy line anchors removed? Pass 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: RANGELAND

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
Gravel	Pass	Gravel	Pass	SI	Pass	
		Other	Pass			Vehicle tracking pad

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S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT