

**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:

06/25/2015

Document Number:

670901215

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 434278      | 434300 | 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: SWSE Sec: 21 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 04/13/2015 | 670900606 | PR         | PR          | <b>ACTION REQUIRED</b>        |          |                | No              |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                   | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------------------|-------------|-------------------------------------|
| 434272      | WELL | PR     | 02/27/2015  | LO         | 123-38068 | Edith Ann-Duckworth 4E-21H O268 | PR          | <input checked="" type="checkbox"/> |
| 434275      | WELL | PR     | 02/27/2015  | LO         | 123-38070 | Edith Ann-Duckworth 4F-21H P268 | PR          | <input checked="" type="checkbox"/> |
| 434276      | WELL | PR     | 04/08/2015  | LO         | 123-38071 | Edith Ann-Duckworth 4C-21H O268 | PR          | <input checked="" type="checkbox"/> |
| 434278      | WELL | PR     | 02/27/2015  | LO         | 123-38073 | Edith Ann-Duckworth 4A-21H O268 | PR          | <input checked="" type="checkbox"/> |
| 434279      | WELL | PR     | 02/27/2015  | LO         | 123-38074 | Edith Ann-Duckworth 4G-21H O268 | PR          | <input checked="" type="checkbox"/> |
| 434286      | WELL | PR     | 02/27/2015  | LO         | 123-38081 | Edith Ann-Duckworth 4D-21H O268 | PR          | <input checked="" type="checkbox"/> |
| 434305      | WELL | PR     | 02/27/2015  | LO         | 123-38085 | Edith Ann-Duckworth 4H-21H O268 | PR          | <input checked="" type="checkbox"/> |
| 434816      | WELL | PR     | 02/27/2015  | LO         | 123-38348 | Edith Ann-Duckworth 4B-21H O268 | PR          | <input checked="" type="checkbox"/> |

**Equipment:****Location Inventory**

Inspector Name: Peterson, Tom

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: <u>8</u>     | 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 |
|----------------------|------------------------------|---------------------|-------------------|---------|
| TANK LABELS/PLACARDS | SATISFACTORY                 |                     |                   |         |
| BATTERY              | SATISFACTORY                 |                     |                   |         |
| WELLHEAD             | SATISFACTORY                 | x 8                 |                   |         |
| OTHER                | SATISFACTORY                 | Lease road entrance |                   |         |

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

| Type             | Satisfactory/Action Required | Comment  | Corrective Action | CA Date |
|------------------|------------------------------|--|-------------------|---------|
| UNUSED EQUIPMENT | SATISFACTORY                 | Item noted in prior inspection document #670900606 has been corrected.         |                   |         |
| TRASH            | SATISFACTORY                 | Item noted in prior inspection document #670900606 has been corrected.         |                   |         |
| OTHER            | SATISFACTORY                 | Stained soil noted in prior inspection document #670900606 has been corrected. |                   |         |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

**Fencing/:**

| Type         | Satisfactory/Action Required | Comment    | Corrective Action | CA Date |
|--------------|------------------------------|------------|-------------------|---------|
| TANK BATTERY | SATISFACTORY                 | Chain link |                   |         |
| SEPARATOR    | SATISFACTORY                 | Chain link |                   |         |
| WELLHEAD     | SATISFACTORY                 | Chain link |                   |         |

**Facilities:**

☐ New Tank

Tank ID: \_\_\_\_\_

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|------|--------|
|----------|---|----------|------|--------|

Inspector Name: Peterson, Tom

|                        |                              |                     |                     |                   |                 |                  |
|------------------------|------------------------------|---------------------|---------------------|-------------------|-----------------|------------------|
| CONDENSATE             |                              | 500 BBLS            | STEEL AST           |                   |                 |                  |
| 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                |                              |                     |                     |                   |                 |                  |
| <u>Venting:</u>        |                              |                     |                     |                   |                 |                  |
| Yes/No                 |                              | Comment             |                     |                   |                 |                  |
| NO                     |                              |                     |                     |                   |                 |                  |
| <u>Flaring:</u>        |                              |                     |                     |                   |                 |                  |
| Type                   | Satisfactory/Action Required |                     | Comment             | Corrective Action |                 | CA Date          |
|                        |                              |                     |                     |                   |                 |                  |

**Predrill**

Location ID: 434278

**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:**

| BMP Type         | Comment   |
|------------------|---|
| Noise mitigation | We are going to install a 16-24' wall structure along the east side and southeast corner of the pad to help mitigate sound for the houses nearby. |

**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: 434272 Type: WELL API Number: 123-38068 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA: \_\_\_\_\_

CA Date: \_\_\_\_\_

Inspector Name: Peterson, Tom

Facility ID: 434275 Type: WELL API Number: 123-38070 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 434276 Type: WELL API Number: 123-38071 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 434278 Type: WELL API Number: 123-38073 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 434279 Type: WELL API Number: 123-38074 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 434286 Type: WELL API Number: 123-38081 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 434305 Type: WELL API Number: 123-38085 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Inspector Name: Peterson, Tom

**BradenHead**

Comment: Bradenhead is exposed at surface.

CA:

CA Date:

Facility ID: 434816 Type: WELL API Number: 123-38348 Status: PR Insp. Status: PR

**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: IRRIGATED

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

Inspector Name: Peterson, Tom

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: 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: \_\_\_\_\_

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                  |               |                          |         |
|                  |                 |                         |                       |               |                          |         |

Inspector Name: Peterson, Tom

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment:

CA:

**Pits:** ☒ NO SURFACE INDICATION OF PIT