

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:
08/07/2015

Document Number:
674701701

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335901</u>	<u>335901</u>	<u>LONGWORTH, MIKE</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
Inspections, General	970-285-2665	cogcc.inspections@encana.com	EnCana Inspection email

Compliance Summary:

QtrQtr: Lot 2 Sec: 19 Twp: 5S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/30/2014	674700146			SATISFACTORY			No
01/02/2014	663902593			SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
297475	WELL	PR	10/05/2009	GW	045-16853	N. PARACHUTE EF15B D19B 595	PR	<input checked="" type="checkbox"/>
297825	WELL	PR	10/13/2009	GW	045-16969	N. PARACHUTE EF06C D19B 595	PR	<input checked="" type="checkbox"/>
297826	WELL	PR	11/01/2009	GW	045-16970	N. PARACHUTE EF10D D19B 595	PR	<input checked="" type="checkbox"/>
297827	WELL	PR	10/04/2009	GW	045-16971	N. PARACHUTE EF14C D19B 595	PR	<input checked="" type="checkbox"/>
297828	WELL	PR	11/01/2009	GW	045-16972	N. PARACHUTE EF07D D19B 595	PR	<input checked="" type="checkbox"/>
297829	WELL	PR	11/01/2009	GW	045-16973	N. PARACHUTE EF06D D19B 595	PR	<input checked="" type="checkbox"/>
297830	WELL	PR	11/01/2009	GW	045-16974	N. PARACHUTE EF10C D19B 595	PR	<input checked="" type="checkbox"/>
297831	WELL	PR	11/01/2009	GW	045-16975	N. PARACHUTE EF10B D19B 595	PR	<input checked="" type="checkbox"/>
297833	WELL	PR	11/01/2009	GW	045-16976	N. PARACHUTE EF10A D19B 595	PR	<input checked="" type="checkbox"/>

297834	WELL	PR	10/04/2009	GW	045-16977	N. PARACHUTE EF14A D19B 595	PR	X
297836	WELL	PR	10/04/2009	GW	045-16978	N. PARACHUTE EF15A D19B 595	PR	X
297837	WELL	PR	12/01/2009	GW	045-16979	N. PARACHUTE EF08C D19B 595	PR	X
297838	WELL	PR	12/01/2009	GW	045-16980	N. PARACHUTE EF08B D19B 595	PR	X
297839	WELL	PR	12/01/2009	GW	045-16981	N. PARACHUTE EF03D D19B 595	PR	X
297840	WELL	PR	12/01/2009	GW	045-16982	N. PARACHUTE EF02D D19B 595	PR	X
297841	WELL	PR	06/06/2008	GW	045-16983	N. PARACHUTE EF04B D19B 595	PR	X
297842	WELL	PR	11/01/2009	GW	045-16984	N. PARACHUTE EF06A D19B 595	PR	X
298923	WELL	PR	10/25/2009	GW	045-17475	N. PARACHUTE EF11B D19B 595	PR	X
298924	WELL	PR	10/04/2009	GW	045-17476	N. PARACHUTE EF11C D19B 595	PR	X
298925	WELL	PR	09/29/2009	GW	045-17477	N. PARACHUTE EF14B D19B 595	PR	X
298926	WELL	PR	12/01/2009	GW	045-17478	N. PARACHUTE EF07B D19B 595	PR	X
298927	WELL	PR	10/03/2009	GW	045-17479	N. PARACHUTE EF11D D19B 595	PR	X
298928	WELL	PR	12/01/2009	GW	045-17480	N. PARACHUTE EP07C D19B 595	PR	X
298936	WELL	PR	10/04/2009	GW	045-17481	N. PARACHUTE EF11A D19B 595	PR	X

Equipment:

Location Inventory

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	Road work being done on Middle Fork road.		

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY			

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

Comment: **800-791-7691**

Corrective Action: _____

Spills:

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

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	4	SATISFACTORY			
Gas Meter Run	20	SATISFACTORY			
Gas Meter Run	20	SATISFACTORY	Gas lift		
Ancillary equipment	3	SATISFACTORY	Chemical containers		
Gas Meter Run	4	SATISFACTORY			
Gas Meter Run	4	SATISFACTORY	Gas lift		
Plunger Lift	20	SATISFACTORY			

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	STEEL AST	,

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 80 bbls

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action _____ Corrective Date _____

Comment _____

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335901

Site Preparation:

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

S/AV: _____

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

Form 2A COAs:

S/AV: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/AV: _____ **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: 297475 Type: WELL API Number: 045-16853 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297825 Type: WELL API Number: 045-16969 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297826 Type: WELL API Number: 045-16970 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297827	Type: WELL	API Number: 045-16971	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297828	Type: WELL	API Number: 045-16972	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297829	Type: WELL	API Number: 045-16973	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297830	Type: WELL	API Number: 045-16974	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297831	Type: WELL	API Number: 045-16975	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297833	Type: WELL	API Number: 045-16976	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297834	Type: WELL	API Number: 045-16977	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297836	Type: WELL	API Number: 045-16978	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297837	Type: WELL	API Number: 045-16979	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297838	Type: WELL	API Number: 045-16980	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297839	Type: WELL	API Number: 045-16981	Status: PR	Insp. Status: PR
Producing Well				
Comment: Producing well				
Facility ID: 297840	Type: WELL	API Number: 045-16982	Status: PR	Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297841 Type: WELL API Number: 045-16983 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 297842 Type: WELL API Number: 045-16984 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298923 Type: WELL API Number: 045-17475 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298924 Type: WELL API Number: 045-17476 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298925 Type: WELL API Number: 045-17477 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298926 Type: WELL API Number: 045-17478 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298927 Type: WELL API Number: 045-17479 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298928 Type: WELL API Number: 045-17480 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 298936 Type: WELL API Number: 045-17481 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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: _____

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? _____ 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: _____

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
Seeding						
Berms	Pass					
Gravel	Pass					
		Culverts	Pass			
		Ditches	Pass			
				MHSP	Pass	

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

Comment:

CA:

Pits: NO SURFACE INDICATION OF PIT