

**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:
08/17/2015Document Number:
668703351Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 433849 | 433854 | HELGELAND, GARY | <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: SWNW Sec: 5 Twp: 2N Range: 67W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|-------------------------------------|
| 433849 | WELL | PR | 12/02/2014 | OW | 123-37815 | Vogl-McCoy 2B-5H-E267 | PR | <input checked="" type="checkbox"/> |
| 433850 | WELL | PR | 12/02/2014 | OW | 123-37816 | VOGL-GEIST 2B-5H-E267 | PR | <input checked="" type="checkbox"/> |
| 433851 | WELL | PR | 01/09/2015 | OW | 123-37817 | VOGL-GEIST 2A-5H-E267 | PR | <input checked="" type="checkbox"/> |
| 433852 | WELL | PR | 12/02/2014 | OW | 123-37818 | VOGL-MCCOY 2C-5H-E267 | PR | <input checked="" type="checkbox"/> |
| 433853 | WELL | PR | 12/02/2014 | OW | 123-37819 | Vogl-McCoy 2A-5H-E267 | PR | <input checked="" type="checkbox"/> |
| 433855 | WELL | PR | 12/02/2014 | OW | 123-37820 | VOGL-MCCOY 2D-5H-E267 | PR | <input checked="" type="checkbox"/> |
| 433937 | WELL | PR | 12/02/2014 | OW | 123-37860 | VOGL-GEIST 2C-5H-E267 | PR | <input checked="" type="checkbox"/> |

Equipment:**Location Inventory**

| | | | |
|------------------------------|--------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: <u>7</u> | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: <u>8</u> | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____ | LACT Unit: _____ | Pump Jacks: <u>7</u> |
| Electric Generators: _____ | Gas Pipeline: _____ | Oil Pipeline: _____ | Water Pipeline: _____ |
| Gas Compressors: _____ | VOC Combustor: <u>13</u> | Oil Tanks: <u>18</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 | | | |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

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 | | |

Equipment:

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|----|------------------------------|---------|-------------------|---------|
| VRU | 3 | SATISFACTORY | | | |
| Horizontal Heated Separator | 7 | SATISFACTORY | | | |
| Emission Control Device | 9 | SATISFACTORY | | | |
| Dehydrator | 1 | SATISFACTORY | | | |
| Gas Meter Run | 2 | SATISFACTORY | | | |
| Bird Protectors | 16 | SATISFACTORY | | | |

Facilities:☒ New Tank

Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|----------------|---|----------|----------------|--------|
| PRODUCED WATER | 4 | OTHER | PBV FIBERGLASS | , |

S/A/V: SATISFACTORY

Comment: 4 each 250 BBL PBV fiberglass, produced water tanks.

Corrective Action: _____

Corrective Date: _____

Paint

| Condition | Adequate |
|-----------|----------|
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
|------|----------|---------------------|---------------------|-------------|

Inspector Name: HELGELAND, GARY

| | | | |
|-------------------|--|-----------------|--|
| Corrective Action | | Corrective Date | |
| Comment | | | |

Facilities: ☒ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|------------|----|----------|-----------|-----------------------|
| CONDENSATE | 20 | 500 BBLS | STEEL AST | 40.167690,-104.922320 |

| | | |
|---------------------|----------|------------------|
| S/A/V: SATISFACTORY | Comment: | |
| Corrective Action: | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

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 | | | |

Venting:

| | |
|--------|---------|
| Yes/No | Comment |
| NO | |

Flaring:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Predrill

Location ID: 433849

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 be constructed using a liner. | 07/15/2013 |

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

| | | | |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
|--------------|---------|------------|---------|

| | | | |
|--|-----|--------------------------------|-------------------|
| DITCHES | Yes | | |
| S/A/V: SATISFACTORY | | | |
| Corrective Action: | | Date: | |
| Comments: Erosion BMPs: | | | |
| Other BMPs: | | | |
| BERMS | Yes | | |
| S/A/V: SATISFACTORY | | | |
| Corrective Action: | | Date: | |
| Comments: Erosion BMPs: | | | |
| Other BMPs: | | | |
| Comment: Items noted in prior inspection # 673801496 have been corrected. | | | |
| Staking: | | | |
| On Site Inspection (305): | | | |
| <u>Surface Owner Contact Information:</u> | | | |
| Name: | | Address: | |
| Phone Number: | | Cell Phone: | |
| <u>Operator Rep. Contact Information:</u> | | | |
| Landman Name: | | Phone Number: | |
| Date Onsite Request Received: | | Date of Rule 306 Consultation: | |
| Request LGD Attendance: | | | |
| <u>LGD Contact Information:</u> | | | |
| Name: | | Phone Number: | Agreed to Attend: |
| <u>Summary of Landowner Issues:</u> | | | |
| | | | |
| <u>Summary of Operator Response to Landowner Issues:</u> | | | |
| | | | |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> | | | |
| | | | |

Facility

| | | | | |
|---|------------|-----------------------|------------|------------------|
| Facility ID: 433849 | Type: WELL | API Number: 123-37815 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: PR | | | | |
| BradenHead | | | | |
| Comment: Bradenhead is plumed to surface. | | | | |
| CA: | | | | |
| CA Date: | | | | |
| Facility ID: 433850 | Type: WELL | API Number: 123-37816 | Status: PR | Insp. Status: PR |
| Producing Well | | | | |
| Comment: PR | | | | |

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 433851 Type: WELL API Number: 123-37817 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 433852 Type: WELL API Number: 123-37818 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 433853 Type: WELL API Number: 123-37819 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 433855 Type: WELL API Number: 123-37820 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 433937 Type: WELL API Number: 123-37860 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed 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:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Complaint:

| Tracking Num | Category | Assigned To | Description | Incident Date |
|--------------|----------|--------------|--|---------------|
| 200415687 | NOISE | Gomez, Jason | On 10-23-2014 I was contacted by email from complaint Mike Lozinski who resides at 11755 county road 15, Longmont Co. 80504. The complaint stated in his email that the noise coming from the location across the road from his residence was causing him to be a woken in the night from the noise coming from the site. In a later email sent on 10-23-2014 the complaint indicated the noise was "squelching noise every 5-10 seconds that lasted about 2-3 seconds." | 10/27/2014 |
| 200409898 | NOISE | Gomez, Jason | On 7-28-2014 I was notified of a complaint recived by the COGCC office in reference to a noise complaint coming from a location to the southeast of the complaints residence of 11755 county road 15, Longmont Co. 80504. The complaint Michael A. Lozinski indicated the noise coming from the location was causing his home to shake, he also indicated the noise was continous 24/7 which was affecting his ability to sleep at night. | 07/28/2014 |

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 | |
| 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 ? 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 In Process

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 ☐

| | | | | | | |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Gravel | Pass | Gravel | Pass | | | |

Inspector Name: HELGELAND, GARY

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT