

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



| | | | |
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| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:
08/19/2015

Document Number:
674701735

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 335824 | 335824 | LONGWORTH, MIKE | <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: | <u>NENW</u> | Sec: | <u>27</u> | Twp: | <u>5S</u> | Range: | <u>95W</u> |
|---------|-------------|------|-----------|------|-----------|--------|------------|

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/01/2014 | 674700664 | | | ACTION REQUIRED | | | No |
| 03/28/2014 | 663902904 | | | SATISFACTORY | | | No |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|-----------------------------|-------------|-------------------------------------|
| 281919 | WELL | PR | 04/03/2007 | GW | 045-11570 | N.PARACHUTE EF08B C27A 595 | PR | <input checked="" type="checkbox"/> |
| 281923 | WELL | PR | 04/03/2007 | GW | 045-11575 | N. PARACHUTE EF09D C27A 595 | PR | <input checked="" type="checkbox"/> |
| 281924 | WELL | PR | 04/03/2007 | GW | 045-11576 | N.PARACHUTE EF 16B C27A 595 | PR | <input checked="" type="checkbox"/> |
| 281930 | WELL | PR | 04/03/2007 | GW | 045-11577 | N.PARACHUTE EF06B C27A 595 | PR | <input checked="" type="checkbox"/> |
| 281931 | WELL | PR | 04/03/2007 | GW | 045-11578 | N.PARACHUTE EF 10B C27A 595 | PR | <input checked="" type="checkbox"/> |
| 281933 | WELL | PR | 04/03/2007 | GW | 045-11579 | N.PARACHUTE EF 16D C27A 595 | PR | <input checked="" type="checkbox"/> |
| 281935 | WELL | PR | 04/03/2007 | GW | 045-11580 | N.PARACHUTE EF01B C27A 595 | PR | <input checked="" type="checkbox"/> |
| 281936 | WELL | PR | 04/03/2007 | GW | 045-11581 | N.PARACHUTE EF07B C27A 595 | PR | <input checked="" type="checkbox"/> |
| 425568 | PIT | CL | 02/04/2015 | - | - | C27A WEST 595 | CL | <input type="checkbox"/> |
| 425569 | PIT | AL | 01/26/2015 | - | - | C27A CENTRAL 595 | AL | <input type="checkbox"/> |
| 425570 | PIT | CL | 02/04/2015 | - | - | C27A EAST 595 | CL | <input type="checkbox"/> |

| | | | | | | | |
|--------|------------------|----|------------|---|---------------------|----|--------------------------|
| 440727 | SPILL OR RELEASE | CL | 01/26/2015 | - | SPILL/RELEASE POINT | CL | <input type="checkbox"/> |
|--------|------------------|----|------------|---|---------------------|----|--------------------------|

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

| Signs/Marker: | | | | |
|----------------------|------------------------------|--|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY | Tank volume on produced water tank is faded. | | |
| CONTAINERS | SATISFACTORY | | | |
| BATTERY | SATISFACTORY | | | |
| WELLHEAD | SATISFACTORY | | | |

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

Comment: 1-800-791-7691

Corrective Action: _____

| Good Housekeeping: | | | | |
|---------------------------|------------------------------|---|-------------------|---------|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| OTHER | SATISFACTORY | Five gallon paint buckets have been removed since prior inspection. | | |

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

Multiple Spills and Releases?

| Equipment: | | | | | |
|---------------------|---|------------------------------|-------------------------------------|-------------------|---------|
| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift | 8 | SATISFACTORY | | | |
| Gas Meter Run | 8 | SATISFACTORY | | | |
| Gas Meter Run | 8 | SATISFACTORY | Gas lift | | |
| Ancillary equipment | 2 | SATISFACTORY | Chemical containers at meter sheds. | | |

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 | | | |
| 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: 335824

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: 281919 Type: WELL API Number: 045-11570 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 281923 Type: WELL API Number: 045-11575 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 281924 Type: WELL API Number: 045-11576 Status: PR Insp. Status: PR

Producing Well

Comment: **Producing well**

Facility ID: 281930 Type: WELL API Number: 045-11577 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281931 Type: WELL API Number: 045-11578 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281933 Type: WELL API Number: 045-11579 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281935 Type: WELL API Number: 045-11580 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281936 Type: WELL API Number: 045-11581 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 |
| | | Ditches | Pass | | | |
| | | Check Dams | Pass | | | |
| | | Compaction | Pass | | | |
| Gravel | Pass | | | | | |
| | | | | MHSP | Pass | |
| | | Gravel | Pass | | | |
| Berms | Pass | | | | | |
| Seeding | | | | | | |
| Compaction | Pass | | | | | |

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

| COGCC Comments | | |
|--|----------|------------|
| Comment | User | Date |
| Follow up to 12/01/2014 inspection doc # 674700664. Action item have been taken care of. | longworm | 08/19/2015 |