

**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:
10/16/2015Document Number:
674102678Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	433789	433787	Rickard, Jeff	<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	Group email

Compliance Summary:QtrQtr: SENW Sec: 5 Twp: 2n Range: 67w**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
433788	WELL	PR	12/02/2014	OW	123-37777	VOGL-GEIST 2F-5H-F267	PR	<input checked="" type="checkbox"/>
433789	WELL	PR	12/02/2014	OW	123-37778	VOGL-GEIST 2E-5H-F267	PR	<input checked="" type="checkbox"/>
433790	WELL	PR	12/02/2014	OW	123-37779	VOGL-MCCOY 2F-5H-F267	PR	<input checked="" type="checkbox"/>
433791	WELL	PR	12/02/2014	OW	123-37780	VOGL-MCCOY 2E-5H-F267	PR	<input checked="" type="checkbox"/>
433792	WELL	PR	12/02/2014	OW	123-37781	VOGL-MCCOY 2H-5H-F267	PR	<input checked="" type="checkbox"/>
433793	WELL	PR	12/02/2014	OW	123-37782	VOGL-MCCOY 2G-5H-F267	PR	<input checked="" type="checkbox"/>
433794	WELL	PR	12/02/2014	OW	123-37783	VOGL-GEIST 2D-5H-F267	PR	<input checked="" type="checkbox"/>
437554	SPILL OR RELEASE	CL	05/30/2014		-	SPILL/RELEASE POINT	CL	<input type="checkbox"/>
442869	TANK BATTERY	AC	01/19/2015		-	Vogl-Geist-McCoy 5H-F267	AC	<input type="checkbox"/>
442870	TANK BATTERY	AC	01/19/2015		-	Vogl-Geist-McCoy 5H-F267	AC	<input type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: Rickard, Jeff

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>7</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>8</u>	Separators: <u>7</u>	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
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☐ Multiple Spills and Releases?

Fencing/:

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

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	7	SATISFACTORY			
VRU	2	SATISFACTORY			
Horizontal Heated Separator	7	SATISFACTORY			
Emission Control Device	9	SATISFACTORY			
Gas Meter Run	3	SATISFACTORY			
Other	1	SATISFACTORY	VRT		

Facilities:

☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	500 BBLs	STEEL AST	,

S/A/V: SATISFACTORY Comment: _____

Corrective Action: _____ Corrective Date: _____

Inspector Name: Rickard, Jeff

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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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	300 BBLS	PBV FIBERGLASS	,

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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Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	20	500 BBLS	STEEL AST	40.167620,-104.914360

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

Condition	Adequate
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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	
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Comment	
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Inspector Name: Rickard, Jeff

Venting:	
Yes/No	Comment

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

Predrill

Location ID: 433789

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.	07/12/2013

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:

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Summary of Operator Response to Landowner Issues:

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Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

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Facility

Facility ID: 433788 Type: WELL API Number: 123-37777 Status: PR Insp. Status: PR

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

CA:

CA Date:

Facility ID: 433789 Type: WELL API Number: 123-37778 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433790 Type: WELL API Number: 123-37779 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433791 Type: WELL API Number: 123-37780 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433792 Type: WELL API Number: 123-37781 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Braden head is exposed at surface.**

CA:

CA Date:

Facility ID: 433793 Type: WELL API Number: 123-37782 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**

Inspector Name: Rickard, Jeff

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 433794 Type: WELL API Number: 123-37783 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Braden head 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? CM

CA CA Date

Waste Material Onsite? CM

CA CA Date

Unused or unneeded equipment onsite? CM

CA CA Date

Pit, cellars, rat holes and other bores closed? CM

Inspector Name: Rickard, Jeff

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? Pass 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

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					

Inspector Name: Rickard, Jeff

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT