

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:
10/23/2015

Document Number:
666801561

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>272098</u>	<u>335454</u>	<u>Murray, Richard</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
Contact, General		cogcc.inspections@encana.com	

Compliance Summary:

QtrQtr: NWNE Sec: 30 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/10/2008	200200463	PR	PR	SATISFACTORY			No
10/06/2005	200083913	PR	PR	SATISFACTORY		Pass	No
10/06/2004	200064525	PR	WO	SATISFACTORY		Pass	No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
268492	WELL	PR	07/12/2012	GW	045-09266	EM 30-7 (B30NE)	PR	<input checked="" type="checkbox"/>
268493	WELL	PR	07/12/2012	GW	045-09267	EM 30-2 (B30NE)	PR	<input checked="" type="checkbox"/>
272098	WELL	PR	10/12/2012	GW	045-10023	BRYNILDSON 30-3 (B30NE)	SI	<input checked="" type="checkbox"/>
272107	WELL	PR	07/12/2012	GW	045-10025	BRYNILDSON 30-6 (B30NE)	PR	<input checked="" type="checkbox"/>
273518	WELL	PR	01/18/2005	GW	045-10257	BRYNILDSON 30-8 (B30NE)	PR	<input checked="" type="checkbox"/>
273554	WELL	PR	08/01/2012	GW	045-10259	BRYNILDSON 30-1 (B30NE)	PR	<input checked="" type="checkbox"/>
282001	WELL	AL	05/24/2011	LO	045-11616	BRYNILDSON 30-7C (B30NE)	AL	<input type="checkbox"/>
282004	WELL	AL	05/24/2011	LO	045-11617	BRYNILDSON 30-2C (B30NE)	AL	<input type="checkbox"/>
282007	WELL	AL	05/24/2011	LO	045-11614	BRYNILDSON 30-1D (B30NE)	AL	<input type="checkbox"/>

Inspector Name: Murray, Richard

282008	WELL	AL	05/24/2011	LO	045-11615	BRYNILDSON 30-6C (B30NE)	AL	<input type="checkbox"/>
282009	WELL	AL	05/24/2011	LO	045-11613	BRYNILDSON 30-8C (B30NE)	AL	<input type="checkbox"/>
282074	WELL	AL	05/24/2011	LO	045-11620	BRYNILDSON 30-3D (B30NE)	AL	<input type="checkbox"/>

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY	AIRS ID 045-0701-001		

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

Comment: _____

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
Vertical Heated Separator	6	SATISFACTORY			
Emission Control Device	0	SATISFACTORY			
Horizontal Heated Separator	0	SATISFACTORY			
Ancillary equipment	0	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Plunger Lift	6	SATISFACTORY			

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 272098

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:

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: 268492 Type: WELL API Number: 045-09266 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 268493 Type: WELL API Number: 045-09267 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 272098 Type: WELL API Number: 045-10023 Status: PR Insp. Status: SI

Producing Well

Comment: Plunger lift

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: Last production numbers posted Aug. 2014

Facility ID: 272107 Type: WELL API Number: 045-10025 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 273518 Type: WELL API Number: 045-10257 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 273554 Type: WELL API Number: 045-10259 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? Pass 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 _____

Inspector Name: Murray, Richard

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	Pass					
Ditches	Pass					
		Culverts	Pass			
Berms	Pass					
		Ditches	Pass			
		Gravel	Pass			
Gravel	Pass					
		Sediment Traps	Pass			

S/A/V: SATISFACTOR
Y _____

Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT