

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:
10/29/2015

Document Number:
666801584

Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>278821</u>	<u>335163</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: NENW Sec: 26 Twp: 6S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/27/2007	200119898	CO	PR	SATISFACTORY	I		No
03/28/2007	200108193	PR	PR	SATISFACTORY	I	Pass	Yes
05/18/2006	200096802	PR	PR	ACTION REQUIRED	I	Pass	No
11/22/2005	200085869	PR	WO	SATISFACTORY		Pass	No

Inspector Comment:

Action required items noted on previous inspection due to spill are not addressed by this inspection. Action required items noted in inspection document number 666800161 have been satisfied.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
278819	WELL	AL	06/06/2011	LO	045-10953	GMU 23-13(C26NW)	AL	<input type="checkbox"/>
278820	WELL	PR	02/19/2009	GW	045-10952	GMU 23-14 (C26NW)	PR	<input checked="" type="checkbox"/>
278821	WELL	PR	06/08/2005	GW	045-10951	GMU 23-14C(26NW)	PR	<input checked="" type="checkbox"/>
278822	WELL	PR	02/19/2009	GW	045-10950	GMU 26-4A	PR	<input checked="" type="checkbox"/>
278823	WELL	PR	09/09/2010	GW	045-10949	GMU 26-4D(C26NW)	PR	<input checked="" type="checkbox"/>
278824	WELL	PR	02/15/2009	GW	045-10948	GMU 26-5A (C26NW)	PR	<input checked="" type="checkbox"/>
279429	WELL	PR	02/06/2009	GW	045-11031	LAZIER 23-15C (C26NW)	PR	<input checked="" type="checkbox"/>
279430	WELL	PR	02/11/2009	GW	045-11030	LAZIER 23-15B(C26NW)	PR	<input checked="" type="checkbox"/>

295380	WELL	PR	02/01/2011	GW	045-15737	LAZIER 26-2C (C26NW)	PR	<input checked="" type="checkbox"/>
296345	WELL	PR	02/13/2009	GW	045-15995	GMU 23-13C (C26NW)	PR	<input checked="" 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
BATTERY	SATISFACTORY	AIRS ID 045-1891-001		

Emergency Contact Number (S/AV): 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
Gas Meter Run	1	SATISFACTORY			
Vertical Heated Separator	9	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Pig Station	1	SATISFACTORY			
Ancillary equipment	0	SATISFACTORY			
Horizontal Separator	1	SATISFACTORY			
Plunger Lift	9	SATISFACTORY			

Venting:	
Yes/No	Comment
NO	

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

Predrill

Location ID: 278821

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: 278820 Type: WELL API Number: 045-10952 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 278821 Type: WELL API Number: 045-10951 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 278822 Type: WELL API Number: 045-10950 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 278823 Type: WELL API Number: 045-10949 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 278824 Type: WELL API Number: 045-10948 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 279429 Type: WELL API Number: 045-11031 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 279430 Type: WELL API Number: 045-11030 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 295380 Type: WELL API Number: 045-15737 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 296345 Type: WELL API Number: 045-15995 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): 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: _____

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 ? _____

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 _____

Inspector Name: Murray, Richard

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
		Sediment Traps	Pass			
		Ditches	Pass			
		Culverts	Pass			
		Waddles	Pass			
Berms	Pass					
Ditches	Pass					
Sediment Traps	Pass					
Seeding	Pass					
		Gravel	Pass			

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

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT