

**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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Inspection Date:

11/05/2015

Document Number:

681900147

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	244835	323151	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
J, D		cogcc.djinspections@encana.com	D J Basin

Compliance Summary:QtrQtr: SENE Sec: 22 Twp: 1N Range: 68W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
10/09/2012	667600874	PR	PR	SATISFACTORY	P		No
06/12/2007	200124001	PR	PR	ACTION REQUIRED			Yes
02/01/2005	200065891	PR	PR	SATISFACTORY		Pass	No
05/06/1999	500168905	PR	PR			Pass	No
10/22/1997	500168904	PR	PR			Pass	No
05/30/1996	500168903	PR	PR				

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
244835	WELL	PR	11/03/2009	GW	123-12630	COSSLETT B UNIT 1X	PR	<input checked="" type="checkbox"/>
420750	WELL	PR	05/29/2012	GW	123-32702	COSSLETT 8-2-22	PR	<input checked="" type="checkbox"/>
420754	WELL	PR	04/18/2012	OW	123-32703	COSSLETT 42-22	PR	<input checked="" type="checkbox"/>
420757	WELL	PR	07/17/2012	GW	123-32704	COSSLETT 6-0-22	PR	<input checked="" type="checkbox"/>
420759	WELL	PR	05/29/2012	GW	123-32705	COSSLETT 41-22	PR	<input checked="" type="checkbox"/>
420763	WELL	PR	06/12/2012	OW	123-32706	COSSLETT 4-0-22	PR	<input checked="" type="checkbox"/>
420875	WELL	PR	05/29/2012	GW	123-32731	COSSLETT 32-22	PR	<input checked="" type="checkbox"/>

420884	WELL	PR	05/29/2012	GW	123-32736	COSSLETT 6-4-22	PR	<input checked="" type="checkbox"/>
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Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: <u>1</u>	Separators: <u>4</u>	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: <u>4</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			
WELLHEAD	SATISFACTORY			
BATTERY	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
TANK BATTERY	SATISFACTORY	Barbwire topped chain link		
SEPARATOR	SATISFACTORY	Barbwire topped chain link		
IGNITOR/COMBUST OR	SATISFACTORY	Barbwire topped chain link		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	4	SATISFACTORY			
Gas Meter Run	1	SATISFACTORY			
Emission Control Device	2	SATISFACTORY			
Bird Protectors	6	SATISFACTORY			
Plunger Lift	8	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
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Inspector Name: HELGELAND, GARY

PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) 230 BBL _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Facilities: <input checked="" type="checkbox"/> New Tank Tank ID: _____					
Contents	#	Capacity	Type	SE GPS	
CRUDE OIL	4	300 BBLs	STEEL AST	40.040500,104.983360	
S/A/V:	SATISFACTORY		Comment:		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
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: 244835

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: 244835 Type: WELL API Number: 123-12630 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA: _____

CA Date: _____

Facility ID: 420750 Type: WELL API Number: 123-32702 Status: PR Insp. Status: PR

Producing WellComment: **PR****BradenHead**Comment: **Bradenhead is plumed to surface.**

CA:

CA Date:

Facility ID: 420754 Type: WELL API Number: 123-32703 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is plumed to surface.**

CA:

CA Date:

Facility ID: 420757 Type: WELL API Number: 123-32704 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is plumed to surface.**

CA:

CA Date:

Facility ID: 420759 Type: WELL API Number: 123-32705 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is plumed to surface.**

CA:

CA Date:

Facility ID: 420763 Type: WELL API Number: 123-32706 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **Bradenhead is plumed to surface.**

CA:

CA Date:

Facility ID: 420875 Type: WELL API Number: 123-32731 Status: PR Insp. Status: PR**Producing Well**Comment: **PR**

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 420884 Type: WELL API Number: 123-32736 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:

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: DRY LAND

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 In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: DRY LAND

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	Gravel	Pass			

Inspector Name: HELGELAND, GARY

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT