

**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:
11/23/2015

 Document Number:
674702094

 Overall Inspection:
SATISFACTORY
FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335590	335590	LONGWORTH, MIKE	<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
Inspections, General	970-285-2665	cogcc.inspections@encana.com	EnCana Inspection email

Compliance Summary:QtrQtr: NESE Sec: 25 Twp: 5S Range: 96W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
01/20/2015	674700869			ACTION REQUIRED			No
01/20/2015	674700868			ACTION REQUIRED			No
01/02/2014	663902587			SATISFACTORY	F		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
277753	WELL	PR	10/30/2005	GW	045-10769	N. PARACHUTE WF07D I25 596	PR	<input type="checkbox"/>
277754	WELL	PR	07/03/2007	GW	045-10768	N. PARACHUTE WF07B I25 596	PR	<input type="checkbox"/>
277755	WELL	PR	07/30/2007	GW	045-10767	N. PARACHUTE WF02D I25 596	PR	<input type="checkbox"/>
277756	WELL	PR	05/14/2006	GW	045-10766	N. PARACHUTE WF08B I25 596	PR	<input type="checkbox"/>
277757	WELL	PR	06/23/2006	GW	045-10765	N. PARACHUTE WF08D I25 596	PR	<input type="checkbox"/>
277758	WELL	PR	07/04/2006	GW	045-10764	N. PARACHUTE WF01D I25 596	PR	<input type="checkbox"/>
430525	WELL	AL	03/04/2015	LO	045-21723	N Parachute WF16D-24 I25596	AL	<input checked="" type="checkbox"/>
430526	WELL	AL	03/04/2015	LO	045-21724	N. Parachute WF04C-30 I25 59	AL	<input checked="" type="checkbox"/>
430527	WELL	AL	03/04/2015	LO	045-21725	N Parachute WF05D-30 I25596	AL	<input checked="" type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

430528	WELL	AL	03/04/2015	LO	045-21726	N Parachute WF01C-25 I25596	AL	<input checked="" type="checkbox"/>
430529	WELL	AL	03/04/2015	LO	045-21727	N Parachute WF03D-30 I25596	AL	<input checked="" type="checkbox"/>
430530	WELL	AL	03/04/2015	LO	045-21728	N Parachute WF08C-25 I25596	AL	<input checked="" type="checkbox"/>
430531	WELL	AL	03/04/2015	LO	045-21729	N. Parachute WF04B-30 I25596	AL	<input checked="" type="checkbox"/>
430532	WELL	AL	03/04/2015	LO	045-21730	N Parachute WF16C-24 I25596	AL	<input checked="" type="checkbox"/>
430533	WELL	AL	03/04/2015	LO	045-21731	N Parachute WF16F-24 I25596	AL	<input checked="" type="checkbox"/>
430534	WELL	XX	10/19/2012	LO	045-21732	N. Parachute WF08D-25 I25596	ND	<input type="checkbox"/>
430535	WELL	AL	03/04/2015	LO	045-21733	N Parachute WF05C-30 I25596	AL	<input checked="" type="checkbox"/>
430536	WELL	AL	03/04/2015	LO	045-21734	N Parachute WF13D-19 I25596	AL	<input checked="" type="checkbox"/>
430537	WELL	AL	03/04/2015	LO	045-21735	N Parachute WF16E-24 I25596	AL	<input checked="" type="checkbox"/>
430686	WELL	AL	03/04/2015	LO	045-21760	N Parachute WF12D-19 I25596	AL	<input checked="" type="checkbox"/>
430688	WELL	AL	03/04/2015	LO	045-21761	N. Parachute WF12C-19 I25596	AL	<input checked="" type="checkbox"/>
430922	WELL	AL	03/04/2015	LO	045-21816	N. Parachute WF01B-25 I25596	AL	<input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: 38	Production Pits: _____
Condensate Tanks: 3	Water Tanks: 4	Separators: 6	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: 2	Oil Pipeline: _____	Water Pipeline: 1
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Emergency Contact Number (S/A/V): _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?**Venting:**

Yes/No	Comment
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Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 335590

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
OGLA	kubeczko	<p>SITE SPECIFIC COAs:</p> <p>Notify the COGCC 48 hours prior to start of pad construction, rig mobilization, spud, and start of hydraulic stimulation operations using Form 42 (the appropriate COGCC individuals will automatically be email notified, including the LGD for hydraulic stimulation operations).</p> <p>Operator must implement best management practices to contain any unintentional release of fluids, including any fluids conveyed via temporary surface or buried pipelines.</p> <p>Operator must ensure secondary containment for any volume of fluids contained at well site during drilling and completion operations (as shown on the Proposed BMPs attachment); including, but not limited to, construction of a berm or diversion dike, diversion/collection trenches within and/or outside of berms/dikes, site grading, or other comparable measures (i.e., best management practices (BMPs) associated with stormwater management) sufficiently protective of nearby surface water. Any berm constructed at the well pad location will be stabilized, inspected at regular intervals (at least every 14 days), and maintained in good condition.</p> <p>The moisture content of any freshwater generated drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, if the drill cuttings are to be left onsite, they must also meet the applicable standards of table 910-1.</p> <p>Flowback and stimulation fluids must be sent to tanks, separators, or other containment/filtering equipment before the fluids can be placed into any pipeline, storage vessel, or lined pit (only if an amended Form 2A has been submitted/approved and a Form 15 Earthen Pit Permitted has been submitted/approved) located on the well pad; or into tanker trucks for offsite disposal. The flowback and stimulation fluid tanks, separators, or other containment/filtering equipment must be placed on the well pad in an area with additional downgradient perimeter berming. The area where flowback fluids will be stored/reused must be constructed to be sufficiently impervious to contain any spilled or released material.</p>	10/16/2012

S/A/V: _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:**

BMP Type	Comment
Drilling/Completion Operations	<ul style="list-style-type: none"> • Use solar panels as an alternative energy source for on-location production equipment, where appropriate, economically and technically feasible. • Use multiple gathering lines placed in a single trench to minimize disturbance and construction, where appropriate, economically and technically feasible. • Install trench plugs (sloped to allow wildlife or livestock to exit the trench should they enter) at known wildlife or livestock trails to allow safe crossing on long spans of open trench, where appropriate, economically and technically feasible. • Maintain a minimum of five feet of soil cover between the pipeline and the lowest point of the drainage or water body channel.
Wildlife	<ul style="list-style-type: none"> • Prohibit Encana employees and contractors from carrying projectile weapons. Except during company organized events. • Prohibit pets on property. • Strategically apply fugitive dust control measures, including enforcing established speed limits on Encana private roads, to reduce fugitive dust and coating of vegetation and deposition in water sources.

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: 430525 Type: WELL API Number: 045-21723 Status: AL Insp. Status: AL

Facility ID: 430526 Type: WELL API Number: 045-21724 Status: AL Insp. Status: AL

Facility ID: 430527 Type: WELL API Number: 045-21725 Status: AL Insp. Status: AL

Facility ID: 430528 Type: WELL API Number: 045-21726 Status: AL Insp. Status: AL

Inspector Name: LONGWORTH, MIKE

Facility ID:	430529	Type:	WELL	API Number:	045-21727	Status:	AL	Insp. Status:	AL
Facility ID:	430530	Type:	WELL	API Number:	045-21728	Status:	AL	Insp. Status:	AL
Facility ID:	430531	Type:	WELL	API Number:	045-21729	Status:	AL	Insp. Status:	AL
Facility ID:	430532	Type:	WELL	API Number:	045-21730	Status:	AL	Insp. Status:	AL
Facility ID:	430533	Type:	WELL	API Number:	045-21731	Status:	AL	Insp. Status:	AL
Facility ID:	430535	Type:	WELL	API Number:	045-21733	Status:	AL	Insp. Status:	AL
Facility ID:	430536	Type:	WELL	API Number:	045-21734	Status:	AL	Insp. Status:	AL
Facility ID:	430537	Type:	WELL	API Number:	045-21735	Status:	AL	Insp. Status:	AL
Facility ID:	430686	Type:	WELL	API Number:	045-21760	Status:	AL	Insp. Status:	AL
Facility ID:	430688	Type:	WELL	API Number:	045-21761	Status:	AL	Insp. Status:	AL
Facility ID:	430922	Type:	WELL	API Number:	045-21816	Status:	AL	Insp. Status:	AL

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: RANGELAND

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 _____
 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: RANGELAND _____

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: LONGWORTH, MIKE

Comment: No evidence of AL wells on location.

Corrective Action: Date

Overall Final Reclamation Pass 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

S/A/V: Corrective Date:

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT