

**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:

12/10/2015

Document Number:

674702176

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335822	335822	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: NWNW Sec: 28 Twp: 5S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
12/31/2014	674700815			SATISFACTORY			No
12/30/2013	663902576			SATISFACTORY			No
12/30/2013	663902575			SATISFACTORY			No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281942	WELL	PR	04/05/2007	GW	045-11587	N. PARACHUTE EF04D D28 595	PR	<input checked="" type="checkbox"/>
281943	WELL	PR	02/01/2014	GW	045-11588	N. PARACHUTE EF05B D28 595	PR	<input checked="" type="checkbox"/>
282068	WELL	PR	02/01/2011	GW	045-11626	N. PARACHUTE EF14B D28 595	PR	<input checked="" type="checkbox"/>
282069	WELL	PR	04/05/2007	GW	045-11625	N. PARACHUTE EF12D D28 595	PR	<input checked="" type="checkbox"/>
282070	WELL	PR	04/05/2007	GW	045-11624	N. PARACHUTE EF13B D28 595	PR	<input checked="" type="checkbox"/>
282071	WELL	PR	04/05/2007	GW	045-11623	N. PARACHUTE EF04B D28 595	PR	<input checked="" type="checkbox"/>
282085	WELL	PR	04/05/2007	GW	045-11634	N. PARACHUTE EF13D D28 595	PR	<input checked="" type="checkbox"/>
285097	WELL	PR	04/05/2007	GW	045-12377	N. PARACHUTE EF05D D28 595	PR	<input checked="" type="checkbox"/>
297249	WELL	AL	07/07/2011	LO	045-16352	N. PARACHUTE EF04B-28 D28 59	AL	<input type="checkbox"/>

Inspector Name: LONGWORTH, MIKE

297250	WELL	AL	07/07/2011	LO	045-16353	N. PARACHUTE EF03C-28 D28 59	AL	
297251	WELL	AL	06/23/2011	LO	045-16354	N. PARACHUTE EF04C-28 D28 59	AL	
297252	WELL	AL	07/07/2011	LO	045-16355	N. PARACHUTE EF12C-21 D28 59	AL	
297255	WELL	AL	07/07/2011	LO	045-16358	N. PARACHUTE EF13A-21 D28 59	AL	
297257	WELL	AL	04/01/2009	LO	045-16359	N. PARACHUTE EF13C-21 D28 59	AL	
297258	WELL	AL	07/07/2011	LO	045-16360	N. PARACHUTE EF14A-21 D28 59	AL	
297259	WELL	AL	07/07/2011	LO	045-16361	N. PARACHUTE EF14C-21 D28 59	AL	
297260	WELL	AL	06/23/2011	LO	045-16362	N. PARACHUTE EF08C-20 D28 59	AL	
297261	WELL	AL	07/07/2011	LO	045-16363	N. PARACHUTE EF09B-20 D28 59	AL	
297262	WELL	AL	06/22/2011	LO	045-16364	N. PARACHUTE EF09C-20 D28 59	AL	
297263	WELL	AL	06/23/2011	LO	045-16365	N. PARACHUTE EF08D-20 D28 59	AL	
297264	WELL	AL	06/23/2011	LO	045-16366	N. PARACHUTE EF12A-21 D28 59	AL	
297265	WELL	AL	06/23/2011	LO	045-16367	N. PARACHUTE EF16B-20 D28 59	AL	
297789	WELL	AL	06/23/2011	LO	045-16963	N. PARACHUTE EF11D-21 D28 59	AL	
297791	WELL	AL	06/23/2011	LO	045-16965	N. PARACHUTE EF11B-21 D28 59	AL	
425763	PIT	CL	02/26/2015		-	EF D28 595	CL	

**Equipment:**Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	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: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

**Location****Signs/Marker:**

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

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

Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

<b>Spills:</b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
<b>Equipment:</b>				
Type	#	Satisfactory/Action Required	Comment	Corrective Action
Gas Meter Run	8	SATISFACTORY	Gas lift	
Ancillary equipment	2	SATISFACTORY	Chemical cotainers	
Plunger Lift	8	SATISFACTORY		
Gas Meter Run	8	SATISFACTORY		
<b>Venting:</b>				
Yes/No	Comment			
NO				
<b>Flaring:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

**Predrill**

Location ID: 335822

**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: 281942 Type: WELL API Number: 045-11587 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 281943 Type: WELL API Number: 045-11588 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 282068 Type: WELL API Number: 045-11626 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 282069 Type: WELL API Number: 045-11625 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 282070 Type: WELL API Number: 045-11624 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 282071 Type: WELL API Number: 045-11623 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 282085 Type: WELL API Number: 045-11634 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 285097 Type: WELL API Number: 045-12377 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**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? <u>Pass</u> CM _____ CA _____ CA Date _____ Waste Material Onsite? <u>Pass</u> CM _____ CA _____ CA Date _____ Unused or unneeded equipment onsite? <u>Pass</u> 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	
<u>Cropland</u>	
Top soil replaced    _____	Recontoured    _____ Perennial forage re-established    _____
<u>Non-Cropland</u>	
Top soil replaced    _____	Recontoured    _____ 80% Revegetation    _____
1003 f.	Weeds Noxious weeds?    _____
Comment: <div style="border: 1px solid black; height: 20px;"></div>	

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 \_\_\_\_\_

Comment:

Inspector Name: LONGWORTH, MIKE

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
		Check Dams	Pass			
Compaction	Pass					
Gravel	Pass					
		Culverts	Pass			
				MHSP	Pass	
		Ditches	Pass			
Berms	Pass					

S/A/V: SATISFACTOR  
Y Corrective Date: \_\_\_\_\_

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

**Pits:** ☒ NO SURFACE INDICATION OF PIT