

**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

Inspection Date:

01/06/2016

Document Number:

666801799

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 260075 | 334858 | Murray, Richard | <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 |
|------------------|-------|------------------------------|---------|
| Contact, General | | cogcc.inspections@encana.com | |

Compliance Summary:QtrQtr: SWSE Sec: 7 Twp: 7S Range: 92W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 02/25/2013 | 670200248 | PR | SI | SATISFACTORY | | | No |
| 11/09/2011 | 659300068 | PR | PR | SATISFACTORY | | | No |
| 06/14/2006 | 200097037 | PR | PR | SATISFACTORY | I | Pass | No |
| 02/07/2006 | 200087523 | PR | PR | SATISFACTORY | I | Pass | No |
| 01/09/2004 | 200053528 | PR | PR | SATISFACTORY | I | Pass | No |

Inspector Comment:

Action required items noted on previous inspection have been satisfied, Shared facilities with location ID 334894

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------|-------------------------------------|
| 211514 | WELL | PR | 04/18/1998 | GW | 045-07274 | KRK 7-15 (07E) | PR | <input checked="" type="checkbox"/> |
| 260074 | WELL | PR | 02/01/2008 | GW | 045-07820 | PITMAN 18-2A (07E) | PR | <input checked="" type="checkbox"/> |
| 260075 | WELL | PR | 02/16/2006 | GW | 045-07821 | PITMAN 18-1A (07E) | PR | <input checked="" type="checkbox"/> |

Equipment:Location Inventory

Inspector Name: Murray, Richard

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| 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

Lease Road:

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
| | | | | |

Signs/Marker:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---------|------------------------------|----------------------|-------------------|---------|
| BATTERY | SATISFACTORY | AIRS ID 045-0558-001 | | |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?

Fencing/:

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
| | | | | |

Equipment:

| | | | |
|-----------------------------------|-----|-------------------------------|--------------|
| Type: Vertical Heated Separator | # 5 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Plunger Lift | # 3 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Gas Meter Run | # 1 | Satisfactory/Action Required: | SATISFACTORY |
| Comment | | | |
| Corrective Action | | | Date: _____ |
| Type: Horizontal Heated Separator | # 2 | Satisfactory/Action Required: | SATISFACTORY |

Inspector Name: Murray, Richard

| | | | | |
|-------------------|--|--|--|-------|
| Comment | | | | |
| Corrective Action | | | | Date: |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------|---|----------|-----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | 1000 GAL | STEEL AST | , |

| | | | | |
|--------------------|--------------|----------|--|------------------|
| S/AR | SATISFACTORY | Comment: | in same berm as condensate tank, 39.454008 lat | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| | | | | |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |

| | | | | |
|-------------------|--|--|--|-----------------|
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|----------|---|----------|-----------|--------|
| Contents | # | Capacity | Type | SE GPS |
| METHANOL | 1 | 1000 GAL | STEEL AST | , |

| | | | | |
|--------------------|--------------|----------|---|------------------|
| S/AR | SATISFACTORY | Comment: | in same berm as condensate tank 39.454624 lat | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| | | | | |
|------|----------|---------------------|---------------------|-------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| | | | | |

| | | | | |
|-------------------|--|--|--|-----------------|
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|------------|---|----------|-----------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 39.454624,-107.704909 |

| | | | | |
|--------------------|--------------|----------|--|------------------|
| S/AR | SATISFACTORY | Comment: | | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) _____

Other (Capacity) _____

Inspector Name: Murray, Richard

| | | | | |
|--|--------------|------------------------------|---------------------|-----------------------|
| Other (Type) _____ | | | | |
| <u>Berms</u> | | | | |
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate | Walls Sufficent | Base Sufficent | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |
| Facilities: <input type="checkbox"/> New Tank Tank ID: _____ | | | | |
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 2 | 300 BBLS | STEEL AST | 39.454008,-107.704783 |
| S/AR | 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 Sufficent | Base Sufficent | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |
| <u>Venting:</u> | | | | |
| Yes/No | NO | | | |
| Comment | | | | |
| <u>Flaring:</u> | | | | |
| Type | | Satisfactory/Action Required | | |
| Comment: | | | | |
| Corrective Action: | | | | Correct Action Date: |

Predrill

Location ID: 260075

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

S/AR: _____

Corrective Action: _____

Date: _____

CDP Num.: _____

Form 2A COAs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

Wildlife BMPs:

S/AR: _____ Comment: _____

CA: _____ Date: _____

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: 211514 Type: WELL API Number: 045-07274 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 260074 Type: WELL API Number: 045-07820 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 260075 Type: WELL API Number: 045-07821 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:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): N _____

Comment: _____

Pilot: _____ Wildlife Protection Devices (fired vessels): YES _____

Reclamation - Storm Water - Pit**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1003a. Waste and Debris removed? 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 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? _____

Inspector Name: Murray, Richard

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 _____

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 |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| | | Compaction | Pass | | | |
| Berms | Pass | | | | | |

S/A/V: SATISFACTOR Corrective Date: _____

Y

Comment: **Snow covered access road and location**

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT