

**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:

02/08/2016

Document Number:

666801891

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

| | | | | | |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
| | 262978 | 334893 | 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: SENV Sec: 10 Twp: 7S Range: 93W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 12/02/2014 | 666800356 | PR | SI | ACTION REQUIRED | | | No |
| 01/16/2004 | 200053551 | PR | PR | SATISFACTORY | I | Pass | No |
| 02/25/2003 | 200036568 | PR | PR | SATISFACTORY | | Pass | No |
| 07/10/2002 | 200030179 | DG | WO | SATISFACTORY | | Pass | No |

Inspector Comment:**Action required items noted in previous inspection have been satisfied, Location contains facilities for location # 334952.****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|-------------|------|--------|-------------|------------|-----------|------------------|-------------|-------------------------------------|
| 262978 | WELL | PR | 10/31/2002 | GW | 045-08087 | HMU 10-7 (F10W) | PR | <input checked="" type="checkbox"/> |
| 262979 | WELL | PR | 11/12/2002 | GW | 045-08088 | HMU 10-12(F10W) | PR | <input checked="" type="checkbox"/> |
| 262980 | WELL | PR | 02/01/2008 | GW | 045-08089 | HMU 10-6 (F10W) | PR | <input checked="" type="checkbox"/> |
| 262981 | WELL | PR | 06/16/2005 | GW | 045-08090 | HMU 10-7 (F10) | PR | <input checked="" type="checkbox"/> |
| 262982 | WELL | PR | 05/10/2009 | GW | 045-08091 | HMU 10-11 (F10W) | 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 045-0556-001 | | |
| WELLHEAD | SATISFACTORY | | | |
| CONTAINERS | SATISFACTORY | | | |
| TANK LABELS/PLACARDS | SATISFACTORY | | | |

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 | # 9 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | | Date: _____ |
| Type: Gas Meter Run | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | | Date: _____ |

Inspector Name: Murray, Richard

| | | |
|-------------------------------|-----|--|
| Type: Emission Control Device | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | | Date: |
| Type: Ancillary equipment | # 0 | Satisfactory/Action Required: SATISFACTORY |
| Comment | | |
| Corrective Action | | Date: |

Facilities: ☐ New Tank Tank ID: _____

| | | | | |
|--------------------|--------------|----------|--------------------|-----------------------|
| Contents | # | Capacity | Type | SE GPS |
| CONDENSATE | 6 | 300 BBLS | STEEL AST | 39.462390,-107.763100 |
| S/AR | SATISFACTORY | | Comment: 39.462390 | |
| Corrective Action: | | | | Corrective Date: |

Paint

| | |
|------------------------|----------|
| Condition | Adequate |
| Other (Content) _____ | |
| Other (Capacity) _____ | |
| Other (Type) _____ | |

Berms

| | | | | |
|-------------------|----------|---------------------|---------------------|-----------------|
| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
| Metal | Adequate | Walls Sufficient | Base Sufficient | Adequate |
| Corrective Action | | | | Corrective Date |
| Comment | | | | |

Venting:

| | |
|---------|----|
| Yes/No | NO |
| Comment | |

Flaring:

| | | |
|--------------------|--|------------------------------|
| Type | | Satisfactory/Action Required |
| Comment: | | |
| Corrective Action: | | Correct Action Date: |

Predrill

Location ID: 262978

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: 262978 Type: WELL API Number: 045-08087 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 262979 Type: WELL API Number: 045-08088 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 262980 Type: WELL API Number: 045-08089 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Inspector Name: Murray, Richard

Facility ID: 262981 Type: WELL API Number: 045-08090 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 262982 Type: WELL API Number: 045-08091 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. Waste and Debris removed? Pass

CM CA Date

Unused or unneeded equipment onsite? Pass

CM CA Date

Pit, cellars, rat holes and other bores closed? Pass

CM CA Date

Guy line anchors marked?

CM

Inspector Name: Murray, Richard

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 _____

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 | | | |
| Compaction | Pass | | | | | |

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

Y

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

CA: _____

| | |
|--------------|--|
| Pits: | <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT |
|--------------|--|