

**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:

03/16/2016

Document Number:

674702512

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335786	335786	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: SENE Sec: 22 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)
07/28/2015	674701648			SATISFACTORY			No
02/04/2015	674700953			SATISFACTORY			No
05/22/2012	663800354			SATISFACTORY			No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
274560	WELL	PR	09/29/2005	GW	045-13358	N.PARACHUTE WF07A H22 596	PR	<input checked="" type="checkbox"/>
274561	WELL	PR	02/01/2014	GW	045-13360	N.PARACHUTE WF08A H22 596	PR	<input checked="" type="checkbox"/>
274562	WELL	PR	11/01/2005	GW	045-13359	N.PARACHUTE WF08D H22 596	PR	<input checked="" type="checkbox"/>
274662	WELL	PR	10/26/2005	GW	045-13375	N. PARACHUTE WF08B H22 596	PR	<input checked="" type="checkbox"/>
274663	WELL	PR	02/01/2014	GW	045-13376	N. PARACHUTE WF07D H22 596	PR	<input checked="" type="checkbox"/>
274697	WELL	PR	08/08/2005	GW	045-13379	N. PARACHUTE WFO7C H22 596	PR	<input checked="" type="checkbox"/>
274698	WELL	PR	09/22/2005	GW	045-13378	N. PARACHUTE WF07B H22 596	PR	<input checked="" type="checkbox"/>
274849	WELL	PR	01/27/2014	GW	045-13408	N.PARACHUTE WF08C H22 596	PR	<input checked="" type="checkbox"/>
277961	PIT	CL	01/22/2013		-	N. PARACHUTE WF07A H22	CL	<input type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Motors: _____	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
Access	SATISFACTORY	Satisfactory		

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: 800-791-7691

Corrective Action: _____

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TRASH	SATISFACTORY	Satisfactory		

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

Equipment:

Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Gas Meter Run	# 9	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required: SATISFACTORY

Inspector Name: LONGWORTH, MIKE

Comment	Chemical containers		
Corrective Action			Date:
Type: Gas Meter Run	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment	Gas lift		
Corrective Action			Date:
Type: Plunger Lift	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Bird Protectors	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Venting:

Yes/No	YES
Comment	

Flaring:

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

Predrill

Location ID: 335786

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: 274560 Type: WELL API Number: 045-13358 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274561 Type: WELL API Number: 045-13360 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274562 Type: WELL API Number: 045-13359 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Inspector Name: LONGWORTH, MIKE

Facility ID: 274662 Type: WELL API Number: 045-13375 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274663 Type: WELL API Number: 045-13376 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274697 Type: WELL API Number: 045-13379 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274698 Type: WELL API Number: 045-13378 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 274849 Type: WELL API Number: 045-13408 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:

Lat Long
DWR Receipt Num: Owner Name: GPS :

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. 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? _____

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 REVEGETATIONCropland

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
				VT	Pass	Speed limit set for access roads.
		Gravel	Pass			
Berms	Pass					
		Drains	Pass			
Seeding	Pass					
		Check Dams	Pass			
		Compaction	Pass			
Gravel	Pass					
				MHSP	Pass	Secondary containment under chemical containers
		Culverts	Pass			
Compaction	Pass					

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Permit:	Facility ID	Permit Num	Expiration Date
	277961	1417862	
	277961	1417862	