

**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:

03/28/2016

Document Number:

674702549

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	335824	335824	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: NENW Sec: 27 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)
08/19/2015	674701735			SATISFACTORY			No
12/01/2014	674700664			ACTION REQUIRED			No
03/28/2014	663902904			SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281919	WELL	PR	04/03/2007	GW	045-11570	N.PARACHUTE EF08B C27A 595	PR	<input checked="" type="checkbox"/>
281923	WELL	PR	04/03/2007	GW	045-11575	N. PARACHUTE EF09D C27A 595	PR	<input checked="" type="checkbox"/>
281924	WELL	PR	04/03/2007	GW	045-11576	N.PARACHUTE EF 16B C27A 595	PR	<input checked="" type="checkbox"/>
281930	WELL	PR	04/03/2007	GW	045-11577	N.PARACHUTE EF06B C27A 595	PR	<input checked="" type="checkbox"/>
281931	WELL	PR	04/03/2007	GW	045-11578	N.PARACHUTE EF 10B C27A 595	PR	<input checked="" type="checkbox"/>
281933	WELL	PR	04/03/2007	GW	045-11579	N.PARACHUTE EF 16D C27A 595	PR	<input checked="" type="checkbox"/>
281935	WELL	PR	04/03/2007	GW	045-11580	N.PARACHUTE EF01B C27A 595	PR	<input checked="" type="checkbox"/>
281936	WELL	PR	04/03/2007	GW	045-11581	N.PARACHUTE EF07B C27A 595	PR	<input checked="" type="checkbox"/>
425568	PIT	CL	02/04/2015		-	C27A WEST 595	CL	<input type="checkbox"/>

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425569	PIT	AL	01/26/2015		-	C27A CENTRAL 595	AL	
425570	PIT	CL	02/04/2015		-	C27A EAST 595	CL	
440727	SPILL OR RELEASE	CL	01/26/2015		-	SPILL/RELEASE POINT	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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date

Signs/Marker:

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

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: _____

Comment: **1-800-791-7691**

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: Gas Meter Run	# 8	Satisfactory/Action Required: SATISFACTORY
Comment		
Corrective Action		Date: _____

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

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
PRODUCED WATER	1	<100 BBLs	STEEL AST
S/AR SATISFACTORY		Comment:	
Corrective Action:		Corrective Date:	

Paint	
Condition	Adequate
Other (Content) _____	
Other (Capacity) 80 bbl	
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: 335824

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: 281919 Type: WELL API Number: 045-11570 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281923 Type: WELL API Number: 045-11575 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281924 Type: WELL API Number: 045-11576 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

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Facility ID: 281930 Type: WELL API Number: 045-11577 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281931 Type: WELL API Number: 045-11578 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281933 Type: WELL API Number: 045-11579 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281935 Type: WELL API Number: 045-11580 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 281936 Type: WELL API Number: 045-11581 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 _____

Inspector Name: LONGWORTH, MIKE

Overall Final Reclamation _____	Well Release on Active Location <input type="checkbox"/>	Multi-Well Location <input type="checkbox"/>
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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Compaction	Pass			
Berms	Pass					
Gravel	Pass					
				MHSP	Pass	
Ditches	Pass					
Compaction	Pass					
		Culverts	Pass			
		Gravel	Pass			
		Check Dams	Pass			
Seeding	Pass					
		Ditches	Pass			

S/A/V: SATISFACTOR Y	Corrective Date: _____
Comment:	<div></div>
CA:	<div></div>

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