

**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:

04/11/2016

Document Number:

681900790

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	415313	415299	HELGELAND, GARY	<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
J, D		cogcc.djinspections@encana.com	D J Basin

Compliance Summary:QtrQtr: NWSE Sec: 13 Twp: 1N Range: 69W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
415294	WELL	PR	02/07/2013	OW	013-06627	CANYON CREEK 4-6-13	PR	<input checked="" type="checkbox"/>
415296	WELL	PA	07/04/2012	DA	013-06628	CANYON CREEK 8-6-13	PA	<input type="checkbox"/>
415297	WELL	PR	12/14/2012	OW	013-06629	CANYON CREEK 44-13	PR	<input checked="" type="checkbox"/>
415303	WELL	PR	02/07/2013	OW	013-06630	CANYON CREEK 33-13	PR	<input checked="" type="checkbox"/>
415309	WELL	PR	02/07/2013	OW	013-06631	CANYON CREEK 34-13	PR	<input checked="" type="checkbox"/>
415313	WELL	PR	02/07/2013	OW	013-06632	CANYON CREEK 43-13	PR	<input checked="" type="checkbox"/>
416934	WELL	PR	02/07/2013	OW	013-06633	CANYON CREEK 8-6-13 X	PR	<input checked="" type="checkbox"/>
417051	WELL	PR	02/07/2013	OW	013-06634	CANYON CREEK 4-8-13	PR	<input checked="" type="checkbox"/>
429576	WELL	PR	12/14/2012	OW	013-06667	CANYON CREEK 4-13	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: HELGELAND, GARY

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>8</u>	Production Pits: _____
Condensate Tanks: <u>2</u>	Water Tanks: <u>1</u>	Separators: <u>4</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	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			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/AR): <u>SATISFACTORY</u>	Corrective Date: _____
Comment: _____	
Corrective Action: _____	

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY	Architectural steel		
TANK BATTERY	SATISFACTORY	Architectural steel		

Equipment:				
Type: Emission Control Device	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required:	SATISFACTORY	

Comment			
Corrective Action		Date:	
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 8	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	,

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

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 139 BBL _____

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	3	OTHER	STEEL AST	40.049740,-105.062950

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

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) 330 BBL _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
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Comment	
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<u>Venting:</u>	
Yes/No	NO
Comment	

<u>Flaring:</u>			
Type		Satisfactory/Action Required	
Comment:			
Corrective Action:		Correct Action Date:	

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Predrill

Location ID: 415313

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Group	User	Comment	Date
Agency	youngr	Location may be in a sensitive area due to shallow groundwater; therefore if drilling pits intercept groundwater the pit must be lined or a closed loop system used.	01/19/2010
Agency	walkerv	Location may be in a sensitive area due to shallow groundwater; therefore if drilling pits intercept groundwater the pit must be lined or a closed loop system used	04/12/2010

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: 415294 Type: WELL API Number: 013-06627 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 415297 Type: WELL API Number: 013-06629 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 415303 Type: WELL API Number: 013-06630 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 415309 Type: WELL API Number: 013-06631 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 415313 Type: WELL API Number: 013-06632 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 416934 Type: WELL API Number: 013-06633 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 417051 Type: WELL API Number: 013-06634 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

Facility ID: 429576 Type: WELL API Number: 013-06667 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead is plumed to surface.

CA:

CA Date:

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: DRY LAND

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 ? Pass

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? Pass

Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-CroplandTop soil replaced PassRecontoured Pass80% Revegetation In

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation In Process**Final Reclamation/ Abandoned Location:**

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: DRY LAND

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 ☐

Inspector Name: HELGELAND, GARY

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			
S/A/V: SATISFACTOR Y _____ Corrective Date: _____						
Comment: _____						
CA: _____						
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						