

**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:

05/05/2016

Document Number:

666802119

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	300695	334336	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: NENW Sec: 36 Twp: 7S Range: 93W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
281698	WELL	PR	10/18/2005	GW	045-11495	SHIDELER 36-15A (C36W)	PR	<input checked="" type="checkbox"/>
281699	WELL	PR	10/18/2005	GW	045-11496	SHIDELER 36-14A (C36W)	PR	<input checked="" type="checkbox"/>
281700	WELL	PR	10/08/2008	GW	045-11497	SHIDELER FEDERAL 36-14C (C36W)	PR	<input checked="" type="checkbox"/>
299079	WELL	PR	11/02/2009	GW	045-17555	SHIDELER FEDERAL 36-15C2 (C36W)	PR	<input checked="" type="checkbox"/>
299080	WELL	PR	09/29/2009	GW	045-17556	SHIDELER 36-15B2 (C36W)	PR	<input checked="" type="checkbox"/>
299081	WELL	PR	11/01/2009	GW	045-17557	SHIDELER FEDERAL 36-15C1 (C36W)	PR	<input checked="" type="checkbox"/>
299082	WELL	PR	11/02/2009	GW	045-17558	SHIDELER FEDERAL 1-2B1 (C36W)	PR	<input checked="" type="checkbox"/>
299083	WELL	PR	11/02/2009	GW	045-17559	SHIDELER 36-10C (C36W)	PR	<input checked="" type="checkbox"/>
299084	WELL	PR	09/25/2009	GW	045-17560	SHIDELER 25-15C1	PR	<input checked="" type="checkbox"/>
299085	WELL	PR	11/01/2009	GW	045-17561	SHIDELER 25-14C (C36W)	PR	<input checked="" type="checkbox"/>
299086	WELL	PR	11/02/2009	GW	045-17562	SHIDELER FEDERAL 1-2B2 (C36W)	PR	<input checked="" type="checkbox"/>
300695	WELL	PR	11/01/2009	GW	045-17976	SHIDELER 36-14B2 (C36W)	PR	<input checked="" type="checkbox"/>

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300696	WELL	PR	11/01/2009	GW	045-17977	SHIDELER FEDERAL 1-4B2 (C36W)	PR	<input checked="" type="checkbox"/>
300697	WELL	PR	11/05/2009	GW	045-17978	SHIDELER FEDERAL 36-14C1(C36W)	PR	<input checked="" type="checkbox"/>
300698	WELL	PR	11/01/2009	GW	045-17979	SHIDELER FEDERAL 36-13C1(C36W)	PR	<input checked="" type="checkbox"/>
300699	WELL	PR	11/01/2009	GW	045-17980	SHIDELER FEDERAL 36-13C2(C36W)	PR	<input checked="" type="checkbox"/>
300700	WELL	PR	11/02/2009	GW	045-17981	SHIDELER FEDERAL 1-3B1 (C36W)	PR	<input checked="" type="checkbox"/>
300701	WELL	PR	11/02/2009	GW	045-17982	SHIDELER FEDERFAL 1-3B2(C36W)	PR	<input checked="" type="checkbox"/>
300930	WELL	PR	11/01/2009	GW	045-18056	SHIDELER FEDERAL 36-13C3(C36W)	PR	<input checked="" type="checkbox"/>

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
BATTERY	SATISFACTORY	AIRS ID 045-1227-001		

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
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☐ Multiple Spills and Releases?**Fencing/:**

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Equipment:			
Type: Vertical Heated Separator	# 19	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Emission Control Device	# 0	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 18	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
METHANOL	1	1000 GAL	STEEL AST
S/AR	SATISFACTORY	Comment: Centralized battery	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action	Corrective Date
Comment	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity	Type
CONDENSATE	6	300 BBLS	STEEL AST
S/AR	SATISFACTORY	Comment:	
Corrective Action:		Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

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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: 300695

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: 281698 Type: WELL API Number: 045-11495 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**

Facility ID: 281699 Type: WELL API Number: 045-11496 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**

Facility ID: 281700 Type: WELL API Number: 045-11497 Status: PR Insp. Status: PR

Producing WellComment: **Plunger lift**

Facility ID: 299079 Type: WELL API Number: 045-17555 Status: PR Insp. Status: PR

Producing Well				
Comment:	Plunger lift			
Facility ID:	299080	Type:	WELL	API Number: 045-17556 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	299081	Type:	WELL	API Number: 045-17557 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	299082	Type:	WELL	API Number: 045-17558 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	299083	Type:	WELL	API Number: 045-17559 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	299084	Type:	WELL	API Number: 045-17560 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	299085	Type:	WELL	API Number: 045-17561 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	299086	Type:	WELL	API Number: 045-17562 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	300695	Type:	WELL	API Number: 045-17976 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	300696	Type:	WELL	API Number: 045-17977 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	300697	Type:	WELL	API Number: 045-17978 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			
Facility ID:	300698	Type:	WELL	API Number: 045-17979 Status: PR Insp. Status: PR
Producing Well				
Comment:	Plunger lift			

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Facility ID: 300699 Type: WELL API Number: 045-17980 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300700 Type: WELL API Number: 045-17981 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300701 Type: WELL API Number: 045-17982 Status: PR Insp. Status: PR

Producing Well

Comment: Plunger lift

Facility ID: 300930 Type: WELL API Number: 045-18056 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): 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? _____

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 ☐

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Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
		Culverts	Pass			
Retention Ponds						
Ditches						
Berms						
		Ditches	Pass			
		Sediment Traps	Pass			
		Gravel	Pass			
Seeding						

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

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
666802119	INSPECTION APPROVED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3849650