

**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:

05/11/2016

Document Number:

675102533

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 335782      | 335782 | GRANAHAH, KYLE  | <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 |
|--------------|-------|------------------------------|---------|
| , Encana     |       | cogcc.inspections@encana.com |         |

**Compliance Summary:**QtrQtr: NENE Sec: 2 Twp: 4S Range: 98W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------------|-------------|-------------------------------------|
| 270248      | WELL | PR     | 03/24/2005  | GW         | 103-10395 | FIGURE FOUR 8001D (A02-498)    | PR          | <input checked="" type="checkbox"/> |
| 274080      | WELL | PR     | 03/29/2005  | GW         | 103-10515 | FIGURE FOUR UNIT 8002A A02 498 | 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 |
|------|------------------------------|---------|-------------------|------|
|      |                              |         |                   |      |

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY

Corrective Date: \_\_\_\_\_

Comment: 800-791-7691

Corrective Action: \_\_\_\_\_

| <b>Good Housekeeping:</b> |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

| <b>Spills:</b> |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| Type           | Area | Volume | Corrective action | CA Date |

☐ Multiple Spills and Releases?

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 |         |                   |         |
| TANK BATTERY     | SATISFACTORY                 |         |                   |         |

|                                   |                    |                               |              |       |
|-----------------------------------|--------------------|-------------------------------|--------------|-------|
| <b>Equipment:</b>                 |                    |                               |              |       |
| Type: Horizontal Heated Separator | # 2                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                    |                               |              |       |
| Corrective Action                 |                    |                               |              | Date: |
| Type: Plunger Lift                | # 2                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                    |                               |              |       |
| Corrective Action                 |                    |                               |              | Date: |
| Type: Deadman # & Marked          | # 4                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                    |                               |              |       |
| Corrective Action                 |                    |                               |              | Date: |
| Type: Other                       | # 1                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           | Metal storage shed |                               |              |       |
| Corrective Action                 |                    |                               |              | Date: |
| Type: Gas Meter Run               | # 2                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                    |                               |              |       |
| Corrective Action                 |                    |                               |              | Date: |
| Type: Bird Protectors             | # 5                | Satisfactory/Action Required: | SATISFACTORY |       |
| Comment                           |                    |                               |              |       |
| Corrective Action                 |                    |                               |              | Date: |

|                          |              |                                   |                     |                            |  |
|--------------------------|--------------|-----------------------------------|---------------------|----------------------------|--|
| <b>Facilities:</b>       |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____             |  |
| Contents                 | #            | Capacity                          | Type                | SE GPS                     |  |
| CONDENSATE               | 1            | 400 BBLS                          | HEATED STEEL AST    | 39.735230,-108.350260      |  |
| S/AR                     | SATISFACTORY |                                   | Comment: _____      |                            |  |
| Corrective Action: _____ |              |                                   |                     | Corrective Date: _____     |  |
| <u>Paint</u>             |              |                                   |                     |                            |  |
| Condition                | Adequate     |                                   |                     |                            |  |
| Other (Content) _____    |              |                                   |                     |                            |  |
| Other (Capacity) _____   |              |                                   |                     |                            |  |
| Other (Type) _____       |              |                                   |                     |                            |  |
| <u>Berms</u>             |              |                                   |                     |                            |  |
| Type                     | Capacity     | Permeability (Wall)               | Permeability (Base) | Maintenance                |  |
| Metal                    | Adequate     | Walls Sufficient                  | Base Sufficient     | Adequate                   |  |
| Corrective Action        |              |                                   |                     | Corrective Date            |  |
| Comment                  |              |                                   |                     |                            |  |
| <b>Facilities:</b>       |              | <input type="checkbox"/> New Tank |                     | Tank ID: _____             |  |
| Contents                 | #            | Capacity                          | Type                | SE GPS                     |  |
| PRODUCED WATER           | 2            | 400 BBLS                          | HEATED STEEL AST    | ,                          |  |
| S/AR                     | SATISFACTORY |                                   | Comment: _____      |                            |  |
| Corrective Action: _____ |              |                                   |                     | Corrective Date: _____     |  |
| <u>Paint</u>             |              |                                   |                     |                            |  |
| Condition                | Adequate     |                                   |                     |                            |  |
| Other (Content) _____    |              |                                   |                     |                            |  |
| Other (Capacity) _____   |              |                                   |                     |                            |  |
| Other (Type) _____       |              |                                   |                     |                            |  |
| <u>Berms</u>             |              |                                   |                     |                            |  |
| Type                     | Capacity     | Permeability (Wall)               | Permeability (Base) | Maintenance                |  |
|                          |              |                                   |                     |                            |  |
| Corrective Action        |              |                                   |                     | Corrective Date            |  |
| Comment                  |              |                                   |                     |                            |  |
| <b><u>Venting:</u></b>   |              |                                   |                     |                            |  |
| Yes/No                   | NO           |                                   |                     |                            |  |
| Comment                  | _____        |                                   |                     |                            |  |
| <b><u>Flaring:</u></b>   |              |                                   |                     |                            |  |
| Type                     |              | Satisfactory/Action Required      |                     |                            |  |
| Comment: _____           |              |                                   |                     |                            |  |
| Corrective Action: _____ |              |                                   |                     | Correct Action Date: _____ |  |

**Predrill**

Location ID: 335782

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: 270248 Type: WELL API Number: 103-10395 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR - no leaks/venting

Facility ID: 274080 Type: WELL API Number: 103-10515 Status: PR Insp. Status: PR

**Producing Well**

Comment: Pr - no leaks/venting

**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? Pass

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Guy line anchors marked? Pass

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

Inspector Name: GRANAHAHAN, KYLE

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            |                         |                       |               |                          |         |
| Gravel           | Pass            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR  
Y

Corrective Date: \_\_\_\_\_

Comment: No sediment flow evident

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT

**Attached Documents**

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

| Document Num | Description         | URL   |
|--------------|---------------------|---|
| 675102533    | INSPECTION APPROVED | <a href="http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3853111">http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3853111</a> |