

**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:

07/29/2016

Document Number:

666802425

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	274756	335370	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: NWNE Sec: 33 Twp: 6S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
03/19/2015	666800774	PR	PR	SATISFACTORY			No
02/06/2014	670201231	PR	PR	SATISFACTORY			No
02/17/2011	200296949	PR	PR	ACTION REQUIRED			Yes
10/26/2007	200124303	CO	PR	SATISFACTORY	I		No
02/07/2007	200107793	PR	PR	SATISFACTORY	I	Pass	No
12/01/2006	200101364	PR	PR	SATISFACTORY	I	Pass	No
09/05/2006	200102319	CO	PR	SATISFACTORY	I	Pass	No
08/17/2006	200102305	CO	PR	SATISFACTORY	I	Pass	No
08/16/2006	200102247	CO	PR	SATISFACTORY	I	Pass	No
08/15/2006	200102216	CO	PR	SATISFACTORY	I	Pass	No
07/17/2006	200099171	CO	PR	SATISFACTORY	I	Pass	No
04/06/2006	200088796	PR	PR	SATISFACTORY	I	Pass	No
02/10/2006	200087376	PR	PR	SATISFACTORY	I	Pass	No
01/17/2006	200088230	CO	PR	ACTION REQUIRED		Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
274756	WELL	PR	04/11/2005	GW	045-13388	COX 33-1 (B33NE)	PR	<input checked="" type="checkbox"/>

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274757	WELL	PR	04/15/2005	GW	045-13387	COX 33-3A (B33NE)	PR	<input checked="" type="checkbox"/>
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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			

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: Other	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	Blow down muffler		
Corrective Action	Date:		
Type: Vertical Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			

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Corrective Action		Date:	
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Plunger Lift	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

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

Facilities:	<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity
CONDENSATE	2	300 BBLS
Type	SE GPS	
	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
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: 274756

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: 274756 Type: WELL API Number: 045-13388 Status: PR Insp. Status: PR

Producing Well

Comment: **Plunger lift**

Facility ID: 274757 Type: WELL API Number: 045-13387 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:

Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters:

Sample Location: _____

Complaint:

Tracking Num	Category	Assigned To	Description	Incident Date
1260414	ODOR	Graham, Dave	COMPLAINANT SMELLED ODOR COMING FROM THIS LOCATION (B33), HE STATED THAT ABOUT 8:30AM, HE ALSO CONTACTED THE PUMPER, AND SPOKE TO HIM ABOUT THE ODOR. THE PUMPER SAID HE HAD A OIL TRUCK HAUL OIL FROM TANKS THAT MORNING, (8:00AM) THE WIND WAS BLOWING ABOUT 10 TO 15 MPH AT THE TIME OF THE INSPECTION, MAKING IT DIFFICULT TO SMELL ANY ODOR. HOWEVER THERE WAS A FAINT CONDENSATE SMELL INSIDE TANK BERM AREA. THE INSIDE OF THE TANK BERM HAD SOME SMALL OIL SPILLS UNDER THE LOAD LINES, THESE SPILLS WERE VISUAL ALSO. I ALSO NOTICED SOME VAPOR COMING FROM THE TANK HEATER STACK. I NOTIFIED GERALD POPEZ ABOUT THE COMPLAINT, AND SUGGESTED HE PUT CATCH BASINS ON HIS LOAD LINES, AND INSPECT THE TANK HEATER. HE WILL CALL ME BACK WHEN AND IF, HE FINDS A PROBLEM. I WILL CONTACT MR. TRUELOVE, ABOUT MY INSPECTION.	04/06/2006
126045	ODOR	Graham, Dave	INSPECTION OF LOCATION WAS DUE TO ODOR COMPLAINT BEING RECEIVED. TANK HEATERS HAD BEEN INSTALLED BY EACH MANWAY ON EACH TANK. MANWAYS WERE OPEN FOR HEATER INSTALLATION. ENCANA'S PUMPER, SHANE, WAS ONSITE DURING INSPECTION. TRUELOVES WERE NOTIFIED VIA PHONE MESSAGE OF WORK BEING DONE AT LOCATION AND ODOR WAS PROBABLY DUE TO TANK LIDS BEING OPEN FOR HEATER INSTALLATION. NO ODOR WAS EVIDENT OFF LOCATION.	02/10/2006

200083381	ODOR	Krabacher, Jay	TIM CELL: 970 319-8153. LEFT MESSAGE 1/25 ~ 9 PM. TIM IS IN CALIF (WORK) BUT JUST WAS CALLED BY HIS WIFE WHO SAID ODORS WERE VERY BAD. (ALSO, CAROL BELL BY WITH AIR-SAMPLING CANNISTER). TRULOVES CALLED ENCANA (EMERON HOFFMAN?) WHO SAID EVENT WAS DUE TO WELL(S) VENTING GAS THROUGH THE TANKS. ALSO, THERE WAS A SPILL RECENTLY ON THE COX PAD AND ENCANA VACUUMED IT UP. "MILKY" FLUID RESIDUE REMAINING -- ACCORDING TO TIM. THINGS HAVE BEEN RELATIVELY FINE FOR ABOUT TWO WEEKS UNTIL LAST NIGHT. J K SPOKE WITH T T 1/26 A.M.	01/25/2006
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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: _____

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 REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

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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
Berms	Pass					
		Gravel	Pass			
		Ditches	Pass			
		Culverts	Pass			
Seeding	Pass					

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/webblink/>) and search by document number:

Document Num	Description	URL
666802425	INSPECTION APPROVED	http://ogccwebblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3916223