

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:
08/26/2016
Document Number:
674703080
Overall Inspection:
SATISFACTORY

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>335607</u>	<u>335607</u>	<u>LONGWORTH, MIKE</u>	<input type="checkbox"/>	

Operator Information:

OGCC Operator Number:	<u>100185</u>
Name of Operator:	<u>ENCANA OIL & GAS (USA) INC</u>
Address:	<u>370 17TH ST STE 1700</u>
City:	<u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>

- 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:	<u>NWSW</u>	Sec:	<u>29</u>	Twp:	<u>5S</u>	Range:	<u>95W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
07/01/2015	674701590			SATISFACTORY			No

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
282086	WELL	PR	10/14/2009	GW	045-11643	N. PARACHUTE EF06D L29 595	PR	<input checked="" type="checkbox"/>
282087	WELL	PR	08/16/2007	GW	045-11642	N. PARACHUTE EF06B L29 595	PR	<input checked="" type="checkbox"/>
282089	WELL	PR	04/26/2008	GW	045-11641	N. PARACHUTE EF03D-32 L29 59	PR	<input checked="" type="checkbox"/>
282090	WELL	PR	08/21/2007	GW	045-11640	N.PARACHUTE EF03D L29 595	PR	<input checked="" type="checkbox"/>
282091	WELL	PR	11/01/2012	GW	045-11644	N. PARACHUTE EF04D-32 L29 59	PR	<input checked="" type="checkbox"/>
282092	WELL	PR	11/01/2012	GW	045-11639	N. PARACHUTE EF12B L29 595	PR	<input checked="" type="checkbox"/>
282095	WELL	PR	11/01/2012	GW	045-11638	N.PARACHUTE EF13B L29 595	PR	<input checked="" type="checkbox"/>
282096	WELL	PR	02/01/2014	GW	045-11637	N.PARACHUTE EF05B-32 L29 59	PR	<input checked="" type="checkbox"/>
282097	WELL	PR	08/21/2007	GW	045-11636	N.PARACHUTE EF06B-32 L29 59	PR	<input checked="" type="checkbox"/>
282098	WELL	PR	01/25/2007	GW	045-11635	N.PARACHUTE EF06C-32-L29 59	PR	<input checked="" type="checkbox"/>

282102	WELL	PR	04/03/2007	GW	045-11650	N.PARACHUTE EF04B L29 595	PR	✗
282103	WELL	PR	04/03/2007	GW	045-11649	N.PARACHUTE EF05B L29 595	PR	✗
282104	WELL	PR	04/03/2007	GW	045-11648	N.PARACHUTE EFO6D-32 L29 59	PR	✗
282105	WELL	PR	04/03/2007	GW	045-11647	N.PARACHUTE EF13D L29 595	PR	✗
282106	WELL	PR	02/14/2007	GW	045-11646	N.PARACHUTE EF03C L29 595	PR	✗
282107	WELL	PR	08/16/2007	GW	045-11645	N. PARACHUTE EFO6A-32 L20 59	PR	✗

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

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

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: 800-791-7691

Corrective Action: _____

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

Equipment:				
Type: Plunger Lift	# 16	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Gas Meter Run	# 16	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 4	Satisfactory/Action Required: SATISFACTORY		
Comment	Chemical conatiners			

Corrective Action	Date:
Type: Gas Meter Run # 16	Satisfactory/Action Required: SATISFACTORY
Comment: Gas lift	
Corrective Action	Date:

Tanks and Berms: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
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: 335607

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: 282086 Type: WELL API Number: 045-11643 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 282087 Type: WELL API Number: 045-11642 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 282089 Type: WELL API Number: 045-11641 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 282090 Type: WELL API Number: 045-11640 Status: PR Insp. Status: PR

Producing Well				
Comment: Producing well				
Facility ID:	282091	Type:	WELL	API Number: 045-11644
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282092	Type:	WELL	API Number: 045-11639
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282095	Type:	WELL	API Number: 045-11638
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282096	Type:	WELL	API Number: 045-11637
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282097	Type:	WELL	API Number: 045-11636
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282098	Type:	WELL	API Number: 045-11635
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282102	Type:	WELL	API Number: 045-11650
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282103	Type:	WELL	API Number: 045-11649
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282104	Type:	WELL	API Number: 045-11648
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282105	Type:	WELL	API Number: 045-11647
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				
Facility ID:	282106	Type:	WELL	API Number: 045-11646
Status:	PR	Insp. Status:	PR	
Producing Well				
Comment: Producing well				

Facility ID: 282107 Type: WELL API Number: 045-11645 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:

DWR Receipt Num: Owner Name: GPS: Lat Long

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?

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

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass					
				Material Handling And Spill Prevention	Pass	
Berms	Pass					
Gravel	Pass					
		Ditches	Pass			
Ditches	Pass					
		Gravel	Pass			

Inspector Name: LONGWORTH, MIKE

Gravel	Pass				
		Culverts	Pass		

S/A/V: SATISFACTORY Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT