Inspector Name: LONGWORTH, MIKE

FORM INSP

X/15

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:

11/01/2016

Submitted Date:

11/03/2016 Document Number: 674703299

## FIELD INSPECTION FORM

| Loc ID      | Inspector Name:     | On-Site           | Inspection       | <u>Statı</u> | us Summary:                                      |  |  |  |  |
|-------------|---------------------|-------------------|------------------|--------------|--|--|--|--|--|
| 335929      | LONGWORTH, N        | IIKE 2            | A Doc Num:       |              | THIS IS A FOLLOW UP INSPECTION                   |  |  |  |  |
| Operator In | nformation:         |                   |                  | F            | FOLLOW UP INSPECTION REQUIRED                    |  |  |  |  |
| OGCC Ope    | erator Number: 10   | 0185              |                  | X N          | NO FOLLOW UP INSPECTION REQUIRED                 |  |  |  |  |
| Name of Op  | Derator: ENCANA OIL | & GAS (USA) INC   |                  | <u>Find</u>  | <u>ings:</u>                                     |  |  |  |  |
| Address: 3  | 70 17TH ST STE 170  | 0                 |                  |              | Number of Comments  Number of Corrective Actions |  |  |  |  |
| City:       | DENVER S            | tate: CO          | Zip: 80202       |              | Corrective Action Response Requested             |  |  |  |  |
| Contact Inf | ormation:           |                   |                  | •            |  |  |  |  |  |
| Contact Na  | ame                 | Phone             | Email            |              | Comment  |  |  |  |  |
| Inspection  | s, General          | 970-285-2665      | cogcc.inspection | ns@encana.c  | cana.c EnCana Inspection email                   |  |  |  |  |
| Inspected F | Facilities:         |                   |                  |              |  |  |  |  |  |
| Facility ID | Type S              | tatus Status Date | Well Class       | API Num      | Facility Name Insp Status                        |  |  |  |  |

| Facility ID | Туре | Status | Status Date | Well Class | API Num   | Facility Name                    | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------------------------|-------------|
| 293922      | WELL | PR     | 07/30/2010  | GW         | 045-15162 | N. PARACHUTE CP14B-21<br>G21 59  | PR          |
| 293923      | WELL | PR     | 01/30/2012  | GW         | 045-15163 | N.PARACHUTE CP02D-21<br>G21 59   | PR          |
| 293924      | WELL | PR     | 09/08/2009  | GW         | 045-15164 | N. PARACHUTE CP07B-21<br>G21 59  | PR          |
| 293925      | WELL | PR     | 01/30/2012  | GW         | 045-15165 | N. PARACHUTE CP 11B-<br>21 G21 5 | PR          |

## **General Comment:**

Inspector Name: LONGWORTH, MIKE

| <u>Location</u>          |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
|--------------------------|------------------|----------------|------------|-----|--------|------------------|--|-------|----------|--------|-------|-----------------|--|
| Overall Good: 🔀          |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Signs/Marker:            |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Туре                     | WELLH            | IEA            | ۷D         |     |        |                  |  |       |          |        |       |                 |  |
| Comment:                 |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       |                  |                |            |     |        |                  |  |       |          |        | Date  | :               |  |
| Туре                     | CONTA            | CONTAINERS     |            |     |        |                  |  |       |          |        |       |                 |  |
| Comment:                 |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       |                  |                |            |     |        |                  |  |       |          |        | Date  | 2:              |  |
| Туре                     | BATTE            | RY             |            |     |        |                  |  |       |          |        |       |                 |  |
| Comment:                 |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       |                  |                |            |     |        |                  |  |       |          |        | Date  | :               |  |
| Туре                     | TANK L           | _AE            | BELS/PLAC  | ١RE | os     |                  |  |       |          |        |       |                 |  |
| Comment:                 |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       |                  |                |            |     |        |                  |  |       |          |        | Date  | :               |  |
| Emergency Contact N      |                  |                |            |     |        |                  |  |       |          |        | _     |                 |  |
| Comment:                 |                  | 5-2            | 615        |     |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       |                  |                |            |     |        |                  |  |       |          |        | Date: |                 |  |
| Overall Good: 🔀          |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Spills:                  |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Туре                     | Area             |                |            |     | Volume |                  |  |       |          |        |       |                 |  |
| In Containment: N        | No               |                |            |     |        |                  |  |       |          |        | '     |                 |  |
| Comment:                 |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Multilple Spills a       | and Rele         | ase            | es?        |     |        |                  |  |       |          |        |       |                 |  |
| Equipment:               |                  |                |            |     |        |                  |  |       |          |        |       | corrective date |  |
| Type: Ancillary equip    | ment             |                |            | # : | 3      |                  |  |       |          |        |       | oonoonvo dato   |  |
|                          |                  | cal            | containers | " ' |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       |                  |                |            |     |        |                  |  |       |          |        | Date: |                 |  |
| Type: Horizontal Hea     | ted Sepa         | ara            | tor        | # 4 | 4      |                  |  |       |          |        |       |                 |  |
| Comment                  | •                |                |            | ļ., |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       | :                |                |            |     |        |                  |  |       |          |        | Date: |                 |  |
| Type: Plunger Lift       |                  |                |            | # 4 | 4      |                  |  |       |          |        |       |                 |  |
| Comment                  |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       |                  |                |            |     |        |                  |  | Date: |          |        |       |                 |  |
| Type: Bird Protectors #3 |                  |                |            |     |        |                  |  |       |          |        |       |                 |  |
|                          | Comment:         |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Corrective Action:       | :                |                |            |     |        |                  |  |       |          |        | Date: |                 |  |
| Tanks and Berms:         | Tanks and Berms: |                |            |     |        |                  |  |       |          |        |       |                 |  |
| Contents                 |                  | #              | Capacity   |     | Туре   |                  |  | Tanak | וח       | SE GPS |       |                 |  |
| Contents                 |                  | # Сараску Туре |            |     |        | Tallak ID SE GPS |  |       | JSE 01 0 |        |       |                 |  |

Inspector Name: LONGWORTH, MIKE CONDENSATE 500 BBLS STEEL AST Comment: Corrective Action: Date: **Paint** Condition Adequate Other (Content) Other (Capacity) Other (Type) <u>Berms</u> Capacity Permeability (Wall) Permeability (Base) Maintenance Type Metal Adequate Walls Sufficent Base Sufficient Adequate Comment: Corrective Action: Date: Contents Capacity Tanak ID SE GPS Type PRODUCED WATER 500 BBLS **HEATED STEEL AST** Comment: Corrective Action: Date: **Paint** Condition Adequate Other (Content) Other (Capacity) Other (Type) **Berms** Capacity Permeability (Wall) Permeability (Base) Maintenance Type Walls Sufficent Metal Adequate Base Sufficient Adequate Comment: Corrective Action: Date: Venting: Yes/No NO Comment: Corrective Action: Date: Flaring: Type Comment: Corrective Action: Date:

| inspector iva  | Producing Well  Corrective Action: Date:    Corrective Action:   Date:     Date:     Date:     Date:     Date:     Date:     Date:     Date: |                |      |                |              |           |    |                 |    |
|----------------|--|----------------|------|----------------|--------------|-----------|----|-----------------|----|
|                |  |                |      | Inspected      | d Facilities |           |    |                 |    |
| Facility ID:   | 293922   | 2 Type:        | WELL | API Number:    | 045-15162    | Status: _ | PR | Insp. Status:   | PR |
|                |  |                |      | Produc         | ing Well     |           |    |                 |    |
| Co             | omment:  | Producing well |      |                |              |           |    |                 |    |
| Corrective     | e Action:  |                |      |                |              |           |    | Date:           |    |
|                |  |                |      |                |              |           |    |                 |    |
| Facility ID: _ | 293923   | Type:          | WELL | API Number:    | 045-15163    | Status: _ | PR | Insp. Status:   | PR |
|                |  |                |      | <u>Produci</u> | ing Well     |           |    |                 |    |
| Co             | omment:  | Producing well |      |                |              |           |    |                 |    |
| Corrective     | e Action:  |                |      |                |              |           |    | Date:           |    |
|                |  |                |      |                |              |           |    |                 |    |
| Facility ID: _ | 293924   | 1 Type:        | WELL | API Number:    | 045-15164    | Status: _ | PR | Insp. Status:   | PR |
|                |  |                |      | Produci        | ing Well     |           |    |                 |    |
| C              | omment:  | Producing well |      |                |              |           |    |                 |    |
| Corrective     | e Action:  |                |      |                |              |           |    | Date:           |    |
|                |  |                |      |                |              |           |    |                 |    |
| Facility ID: _ | 293925   | Type:          | WELL | API Number:    | 045-15165    | Status: _ | PR | Insp. Status: _ | PR |
|                |  |                |      | Produci        | ing Well     |           |    |                 |    |
| C              | omment:  | Producing well |      |                |              |           |    |                 |    |
| Corrective     | e Action:  |                |      |                |              |           |    | Date:           |    |
|                |  |                |      |                |              |           |    |                 |    |
|                |  |                |      |                |              |           |    |                 |    |

Inspector Name: LONGWORTH, MIKE

|                         | Reclamation - Storm Water - Pit                      |      |
|-------------------------|--|------|
| Interim Reclamatio      | <u>n:</u>  |      |
| Date Interim Recl       | amation Started: Date Interim Reclamation Completed: |      |
| Land Use:               |  |      |
| Comment:                |  |      |
| 1002 SITE PREPAR        | ATION AND STABILIZATION                              |      |
| 1002a. FENCIN           |  |      |
| Comment                 |  |      |
| Corrective Action       |  | Date |
| 1002b. SOIL RE<br>SEGRE |  |      |
| Comment                 |  |      |
| Corrective Action       |  | Date |
| 1002c. PROTEC           | CTION OF SOILS                                       |      |
| Comment                 |  |      |
| Corrective Action       |  | Date |
| 1002E. SURFAC           | CE DISTRURBANCE MINIMIZATION                         |      |
| Comment                 |  |      |
| Corrective Action       |  | Date |
| 1003a. Waste a          | nd Debris removed? Pass                              |      |
| Comment                 |  |      |
| Corrective Action       |  | Date |
|                         | or unneeded equipment onsite?                        |      |
| Comment                 |  | _    |
| Corrective Action       |  | Date |
| Pit, cel                | lars, rat holes and other bores closed?              |      |
| Comment [               |  |      |
| Corrective Action       |  | Date |
| Guy line                | anchors marked?                                      |      |
| Comment                 |  |      |
| Corrective Action       |  | Date |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |
|                         |  |      |

Inspector Name: LONGWORTH, MIKE 1003b. Area no longer in use? Production areas stabilized? 1003c. Compacted areas have been cross ripped? Subsidence over on drill pit? 1003d. Drilling pit closed? 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 Perennial forage re-established Recontoured Non-Cropland Recontoured 80% Revegetation Top soil replaced 1003e. INTERIM VEGETATION TRANSECT TRANSECT RESULTS OF DISTURBED AREA% TRANSECT RESULTS OF REFERENCE AREA% TOTAL % OF DESIRABLE VEGETATION COVER VEGETATIVE COVER 1003 f. Weeds Noxious weeds? Comment Corrective Action Overall Interim Reclamation Final Reclamation/ Abandoned Location: Date Final Reclamation Started: Date Final Reclamation Completed: Final Land Use: Reminder: Comment: Pit mouse/rat holes, cellars backfilled Well plugged No disturbance /Location never built Debris removed Contoured \_\_\_\_ Culverts removed \_\_\_\_ Access Roads Regraded Gravel removed Locations, facilities, roads, recontoured Location and associated production facilities reclaimed Compaction alleviation Dust and erosion control Cropland: perennial forage Non cropland: Revegetated 80% Weeds present \_\_\_\_\_ Subsidence \_\_\_\_ 1004.d. FINAL VEGETATION TRANSECT TRANSECT RESULTS OF DISTURBED AREA% TRANSECT RESULTS OF REFERENCE AREA% TOTAL % OF DESIRABLE VEGETATION COVER VEGETATIVE COVER Comment: Corrective Action: Well Release on Active Location Overall Final Reclamation Multi-Well Location

| mspecio            | i Name. LO                        | NGWORTH, IVI       | IINL            |                          |                          |  |                             |         |
|--------------------|-----------------------------------|--------------------|-----------------|--------------------------|--------------------------|--|-----------------------------|---------|
| Storm V            | Vater:                            |                    |                 |                          |                          |  |                             |         |
| Loc Erosion BMPs   |                                   | BMP<br>Maintenance | Lease F<br>BMPs | ease Road Erosion<br>MPs | Lease BMP<br>Maintenance | Chemical BMPs                                | Chemical BMP<br>Maintenance | Comment |
|                    |                                   |                    |                 |                          |                          | Material<br>Handling And<br>Spill Prevention | Pass                        |         |
|                    |                                   |                    | Ditches         |                          | Pass                     |  |                             |         |
| Check D            | ams                               | Pass               |                 |                          |                          |  |                             |         |
|                    |                                   |                    | Gravel          |                          | Pass                     |  |                             |         |
| Seeding            |                                   | Pass               |                 |                          |                          |  |                             |         |
|                    |                                   |                    | Compa           | ction                    | Pass                     |  |                             |         |
| Compac             | tion                              | Pass               |                 |                          |                          |  |                             |         |
| Ditches            |                                   | Pass               |                 |                          |                          |  |                             |         |
| Berms              |                                   | Pass               |                 |                          |                          |  |                             |         |
| Gravel             |                                   | Pass               |                 |                          |                          |  |                             |         |
|                    |                                   |                    | Culverts        | 3                        | Pass                     |  |                             |         |
|                    | Comment:                          |                    | ]               |                          |                          |  |                             |         |
| Corrective Action: |                                   |                    |                 | Date:                    |                          |  |                             |         |
| Pits:              | X NO S                            | SURFACE INDI       | CATION          | OF PIT                   |                          |  |                             |         |
| Permit:            | Permit: Facility ID Permit Num Ex |                    |                 |                          | ate                      |  |                             |         |
|                    | 414390 16305                      |                    | 4               |                          |                          |  |                             |         |
|                    |                                   |                    |                 |                          |                          |  |                             |         |