

**FORM
INSP**

Rev
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:
02/15/2017
Submitted Date:
02/15/2017
Document Number:
675103338

FIELD INSPECTION FORM

Loc ID 335679 Inspector Name: GRANAHAN, KYLE On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

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

Findings:

6 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
, Encana		cogcc.inspections@encana.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
229985	WELL	PR	11/15/1974	GW	103-07644	DRAGON TRAIL UNIT 1311	PR

General Comment:

(This area is currently blank for general comments.)

Location

Overall Good:

Signs/Marker:			
Type	BATTERY		
Comment:	Present/complete		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	Present/complete		
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:	Present/complete		
Corrective Action:		Date:	

Emergency Contact Number:			
Comment:	800-791-7691		
Corrective Action:		Date:	

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Equipment:			corrective date
Type: Vertical Separator	# 1		
Comment:			
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS	
PRODUCED WATER	1	<50 BBLS	Open Top		,	
Comment:						
Corrective Action:						Date:

Paint				
Condition	Adequate			
Other (Content)				
Other (Capacity)				
Other (Type)				
Berms				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:
Venting:				
Yes/No	NO			
Comment:				
Corrective Action:				Date:
Flaring:				
Type				
Comment:				
Corrective Action:				Date:

Inspected Facilities

Facility ID: 229985 Type: WELL API Number: 103-07644 Status: PR Insp. Status: PR

Producing Well

Comment: Pr - no leaks/venting - wellhead cover w/heater

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION Pass

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? Pass

Comment _____

Corrective Action _____

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 _____

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 _____

Date _____

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 _____

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: _____

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					
Ditches	Pass					
<p>Comment: <input type="text" value="No sediment flow evident"/></p> <p>Corrective Action: <input type="text"/></p> <p>Date: _____</p>						
<p>Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT</p>						