

**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:

02/14/2017

Submitted Date:

02/14/2017

Document Number:

680401137

FIELD INSPECTION FORM

Loc ID 322401 Inspector Name: BROWNING, CHUCK 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 |
|------------------|--------------|------------------------------|-----------------|
| Browning, Chuck | 970-433-4139 | chuck.browning@state.co.us | Field Inspector |
| Contact, General | | cogcc.inspections@encana.com | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|-----------------------|-------------|
| 210414 | WELL | IJ | 12/02/2009 | DSPW | 045-06170 | LW FEDERAL DISPOSAL 1 | AC |

General Comment:

Routine UIC inspection.

Location

| | | | |
|--------------------|--------|--|-------|
| Lease Road: | | | |
| Type | Main | | |
| comment: | | | |
| Corrective Action | | | Date: |
| Type | Access | | |
| comment: | | | |
| Corrective Action | | | Date: |

Overall Good:

| | | | |
|----------------------|----------------------|--|-------|
| Signs/Marker: | | | |
| Type | BATTERY | | |
| Comment: | | | |
| Corrective Action: | | | Date: |
| Type | TANK LABELS/PLACARDS | | |
| Comment: | | | |
| Corrective Action: | | | Date: |

Emergency Contact Number:

| | | | |
|--------------------|--|--|-------------|
| Comment: | <input style="width: 95%;" type="text"/> | | |
| Corrective Action: | <input style="width: 95%;" type="text"/> | | Date: _____ |

Overall Good:

| | | | |
|--|--|--------|--|
| Spills: | | | |
| Type | Area | Volume | |
| In Containment: No | | | |
| Comment: | <input style="width: 95%;" type="text"/> | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | |

| | | | |
|--------------------|---|--|-------|
| Fencing/: | | | |
| Type | LOCATION | | |
| Comment: | Chain link security gate with combo entry | | |
| Corrective Action: | | | Date: |

| | | | |
|--------------------|--------------------------|--|-----------------|
| Equipment: | | | corrective date |
| Type: Prime Mover | # 1 | | |
| Comment: | Pump house | | |
| Corrective Action: | | | Date: |
| Type: Other | # | | |
| Comment: | 2 point off load station | | |
| Corrective Action: | | | Date: |

| | | | |
|-----------------|----|--|--|
| Venting: | | | |
| Yes/No | NO | | |
| Comment: | | | |

| | | | |
|--------------------|--|-------|--|
| Corrective Action: | | Date: | |
|--------------------|--|-------|--|

Flaring:

| | | | |
|--------------------|--|-------|--|
| Type | | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

Inspected Facilities

Facility ID: 210414 Type: WELL API Number: 045-06170 Status: IJ Insp. Status: AC

Underground Injection Control

UIC Violation: _____ Maximum Injection Pressure: _____

UIC Routine

| | | | |
|------------|------------------------------------|------------------------------|-----------------------------|
| Inj./Tube: | Pressure or inches of Hg <u>22</u> | Previous Test Pressure _____ | MPP _____ |
| | (e.g. 30 psig or -30" Hg) | | Inj Zone: <u>WMFK</u> |
| TC: | Pressure or inches of Hg <u>8</u> | Previous Test Pressure _____ | Last MIT: <u>11/30/2015</u> |
| Brhd: | Pressure or inches of Hg <u>32</u> | Previous Test Pressure _____ | AnnMTReq: _____ |

Comment: Routine UIC inspection. No active injection at time of inspection. Last MIT 11/30/2015.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Reclamation - Storm Water - Pit

Storm Water:

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|--|--------------------------|---------|
| Gravel | Pass | Gravel | Pass | Material Handling And Spill Prevention | Pass | |

Comment:

Corrective Action:

Date: _____

Pits: NO SURFACE INDICATION OF PIT

Attached Documents

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

| Document Num | Description | URL |
|--------------|----------------------|---|
| 401210548 | INSPECTION SUBMITTED | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4075623 |