

**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:

03/02/2017

Submitted Date:

03/02/2017

Document Number:

680401173

**FIELD INSPECTION FORM**

Loc ID 324257 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: 143 DIAMOND AVE  
City: PARACHUTE State: CO Zip: 81635

**Findings:**

- 3 Number of Comments
- 0 Number of Corrective Actions
- Corrective Action Response Requested

**Contact Information:**

Contact Name	Phone	Email	Comment
Contact, General		cogcc.inspections@encana.com	
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
270260	WELL	IJ	03/16/2006	DSPW	045-09501	BENZEL DISPOSAL #2 (J26NWB)	TA

**General Comment:**

Routine UIC Inspection.

**Location**

**Lease Road:**

Type	Main				
comment:					
Corrective ActionL				Date:	
Type	Access				
comment:					
Corrective ActionL				Date:	

Overall Good:

**Signs/Marker:**

Type	WELLHEAD				
Comment:					
Corrective Action:				Date:	

**Emergency Contact Number:**

Comment:					
Corrective Action:				Date:	_____

Overall Good:

**Spills:**

Type	Area	Volume			

In Containment: No

Comment:

Multiple Spills and Releases?

**Venting:**

Yes/No	NO				
Comment:					
Corrective Action:				Date:	

**Flaring:**

Type					
Comment:					
Corrective Action:				Date:	

**Inspected Facilities**

Facility ID: 270260 Type: WELL API Number: 045-09501 Status: IJ Insp. Status: TA

**Underground Injection Control**

UIC Violation: \_\_\_\_\_ Maximum Injection Pressure: \_\_\_\_\_

UIC Routine

Inj./Tube:	Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	MPP _____
	(e.g. 30 psig or -30" Hg)		Inj Zone: <u>CZ-CR</u>
TC:	Pressure or inches of Hg <u>800</u>	Previous Test Pressure _____	Last MIT: <u>08/12/2013</u>
Brhd:	Pressure or inches of Hg <u>76</u>	Previous Test Pressure _____	AnnMTReq: _____

Comment:

Corrective Action:  Date: \_\_\_\_\_

Method of Injection: \_\_\_\_\_

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			

Comment:

Corrective Action:

Date: \_\_\_\_\_

**Pits:**  NO SURFACE INDICATION OF PIT