

**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:

680401174

**FIELD INSPECTION FORM**
 Loc ID 335228 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

**Findings:**

8 Number of Comments

0 Number of Corrective Actions

☐ Corrective Action Response Requested**Operator Information:**

OGCC Operator Number: 100185

Name of Operator: ENCANA OIL &amp; GAS (USA) INC

Address: 143 DIAMOND AVE

City: PARACHUTE State: CO Zip: 81635

**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
210297	WELL	SI	03/02/2010	DSPW	045-06053	BENZEL DISPOSAL 1	SI
262615	WELL	PR	09/04/2002	GW	045-08043	BENZEL 36-3A1 (B36)	PR
262616	WELL	PR	04/05/2004	GW	045-08044	ALP 25-15A1 (B36)	PR
262617	WELL	PR	09/04/2002	GW	045-08045	BENZEL 36-2B (B36)	PR
262618	WELL	PR	08/27/2002	GW	045-08042	BENZEL 36-2A (B36)	PR
262619	WELL	PR	08/27/2002	GW	045-08041	BENZEL 36-6A (B36)	PR

**General Comment:**

Routine UIC Inspection.

**Location**

<b>Lease Road:</b>			
Type	Main		
comment:			
Corrective Action	L		Date:
Type	Access		
comment:			
Corrective Action	L		Date:

Overall Good: ☐

<b>Signs/Marker:</b>			
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:			
Corrective Action:			Date:

Emergency Contact Number:			
Comment:	<input type="text"/>		
Corrective Action:	<input type="text"/>		
		Date:	<input type="text"/>

Overall Good: ☒

<b>Spills:</b>			
Type	Area	Volume	

In Containment: No

Comment: ☐ Multiple Spills and Releases?

<b>Equipment:</b>			corrective date
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
GLYCOL	1	100 BBLS	STEEL AST		39.488703,-107.721144
Comment:					
Corrective Action:					Date:

**Paint**

Condition Adequate

Other (Content)	
Other (Capacity)	
Other (Type)	

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate
Comment:				
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	2	300 BBLs	STEEL AST		39.525003,-107.722064
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: 210297 Type: WELL API Number: 045-06053 Status: SI Insp. Status: SI**Underground Injection Control**

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

**UIC Routine**

Inj./Tube: Pressure or inches of Hg 1000 Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: CZ-CR

TC: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ Last MIT: 09/15/2014

Brhd: Pressure or inches of Hg 0 Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Routine UIC Inspection. Well Shut in. Last MIT 9/15/2014.

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

Method of Injection: PUMP FEED

Test Type: \_\_\_\_\_ Tbg psi: \_\_\_\_\_ Csg psi: \_\_\_\_\_ BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Facility ID: 262615 Type: WELL API Number: 045-08043 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

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

Facility ID: 262616 Type: WELL API Number: 045-08044 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

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

Facility ID: 262617 Type: WELL API Number: 045-08045 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

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

Facility ID: 262618 Type: WELL API Number: 045-08042 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift

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

Facility ID: 262619 Type: WELL API Number: 045-08041 Status: PR Insp. Status: PR**Producing Well**Comment: Plunger Lift



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	Ditches	Pass			
Berms	Pass	Gravel	Pass			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT