

**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

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:

- 8 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 |
|-------------|------|--------|-------------|------------|-----------|---------------------|-------------|
| 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

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

Overall Good:

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

| | | | | | |
|-----------------------------------|-----|--|--|--|-----------------|
| Equipment: | | | | | 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

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

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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