

**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:

03/30/2017

Submitted Date:

03/30/2017

Document Number:

680401286

**FIELD INSPECTION FORM**

Loc ID 334068 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
279889	WELL	PR	07/23/2006	GW	077-08944	ORCHARD UNIT 17-3 (C17OU)	SI
291766	WELL	IJ	08/07/2007	DSPW	077-09372	ORCHARD FEDERAL DISPOSAL 2 (C17OU)	SI

**General Comment:**

UIC-5 yr MIT.

**Location**

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

Overall Good:

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

Emergency Contact Number:

Comment:			
Corrective Action:			Date: _____

Overall Good:

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

In Containment: No

Comment:

Multiple Spills and Releases?

<b>Fencing/:</b>			
Type	LOCATION		
Comment:			
Corrective Action:			Date:
Type	WELLHEAD		
Comment:	UIC well inside housing.		
Corrective Action:			Date:

<b>Equipment:</b>			corrective date
Type: Gas Meter Run	# 2		
Comment:			
Corrective Action:			Date:

Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:			Date:
Type: Prime Mover	# 1		
Comment:	Pump in housing		
Corrective Action:			Date:
Type: Ancillary equipment	# 1		
Comment:	Generator		
Corrective Action:			Date:

**Tanks and Berms:**

Contents	#	Capacity	Type	Tank ID	SE GPS
CONDENSATE	1	300 BBLs	STEEL AST		39.355838,-108.135525
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:	Inside same berms as Prod water tanks.			
Corrective Action:				Date:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	7	500 BBLs	STEEL AST		39.355838,-108.135525
Comment:					
Corrective Action:					Date:

**Paint**

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

**Berms**

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Comment:				
Corrective Action:				Date:

**Venting:**

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

**Flaring:**

Type			
Comment:			
Corrective Action:		Date:	

**Inspected Facilities**

Facility ID: 279889 Type: WELL API Number: 077-08944 Status: PR Insp. Status: SI

**Producing Well**

Comment: Plunger lift

Corrective Action:

Date:

Facility ID: 291766 Type: WELL API Number: 077-09372 Status: IJ Insp. Status: SI

**Underground Injection Control**

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

UIC Routine

Inj./Tube: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
 (e.g. 30 psig or -30" Hg) Inj Zone: WMFK  
 TC: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ Last MIT: 04/05/2012  
 Brhd: Pressure or inches of Hg \_\_\_\_\_ Previous Test Pressure \_\_\_\_\_ AnnMTRReq: \_\_\_\_\_

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

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

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

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

Test Type: 5 Year Tbg psi: 210 Csg psi: 714 BH psi: 0

Insp. Status: Pass

Comment: UIC-5 yr MIT.

Pressure well to 714 psi. Hold for 15 min. Final pressure 710 psi. -4 psi loss. OK

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
Berms	Pass	Gravel	Pass	Self Inspection	Pass	
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

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

**Pits:**  NO SURFACE INDICATION OF PIT