

**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:

04/14/2017

Submitted Date:

04/17/2017

Document Number:

680401348**FIELD INSPECTION FORM**
 Loc ID 334323 Inspector Name: BROWNING, CHUCK On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 100185Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 143 DIAMOND AVECity: PARACHUTE State: CO Zip: 81635**Status Summary:**

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED

Findings:7 Number of Comments0 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
269727	WELL	IJ	01/16/2014	DSPW	045-09403	HMU 14-8 (P11SW)	SI
272659	WELL	IJ	09/01/2011	DSPW	045-10123	MCU FEDERAL DISPOSAL #2	SI
272744	WELL	IJ	12/24/2013	DSPW	045-10146	MCU DISPOSAL 3	SI

General Comment:

Routine UIC inspection.

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action	L	Date:	
Type	Main		
comment:			
Corrective Action	L	Date:	

Overall Good: ☒

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

Emergency Contact Number:

Comment:

Corrective Action: Date:

Overall Good: ☒

Spills:				
Type	Area	Volume		
In Containment: No				
Comment: <input type="text"/>				
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:			
Type	LOCATION		
Comment:			
Corrective Action:		Date:	

Equipment:			corrective date
Type: Deadman # & Marked	# 4		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Separator	# 2		
Comment:			
Corrective Action:		Date:	

Type: Ancillary equipment	# 1	
Comment:	Solar panels/scada transmitter	
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	3	300 BBLS	STEEL AST		,
Comment:	Not in use.				
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 FacilitiesFacility ID: 269727 Type: WELL API Number: 045-09403 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 25 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: WSTCTC: Pressure or inches of Hg 254 Previous Test Pressure _____ Last MIT: 06/13/2013Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____Comment: Routine UIC inspection. No ctive injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 272659 Type: WELL API Number: 045-10123 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 647 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: WSTCTC: Pressure or inches of Hg 341 Previous Test Pressure _____ Last MIT: 09/02/2015Brhd: Pressure or inches of Hg 5 Previous Test Pressure _____ AnnMTReq: _____Comment: Routine UIC inspection. No ctive injection at time of inspection.

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

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

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Facility ID: 272744 Type: WELL API Number: 045-10146 Status: IJ Insp. Status: SI**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 649 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: WSTCTC: Pressure or inches of Hg 434 Previous Test Pressure _____ Last MIT: 08/07/2012Brhd: Pressure or inches of Hg 89 Previous Test Pressure _____ AnnMTReq: _____

<u>Comment:</u> Routine UIC inspection. No ctive injection at time of inspection.			
Corrective Action: <input type="text"/>		Date: <input type="text"/>	
Method of Injection: <u>PUMP FEED</u>			
Test Type: <input type="text"/>	Tbg psi: <input type="text"/>	Csg psi: <input type="text"/>	BH psi: <input type="text"/>
Insp. Status: <input type="text"/>			
<u>Comment:</u> <input type="text"/>			
Corrective Action: <input type="text"/>		Date: <input type="text"/>	

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	
Retention Ponds	Pass	Culverts	Pass			
Gravel	Pass	Ditches	Pass			

Comment:

Corrective Action:

Date:

Pits: ☐ NO SURFACE INDICATION OF PIT