

**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: _____

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:

- 7 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
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			Date:
Type	Main		
comment:			
Corrective Action			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:

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 Facilities			
Facility ID: <u>269727</u>	Type: <u>WELL</u>	API Number: <u>045-09403</u>	Status: <u>IJ</u> Insp. Status: <u>SI</u>
Underground Injection Control			
UIC Violation: _____		Maximum Injection Pressure: _____	
<u>UIC Routine</u>			
Inj./Tube: Pressure or inches of Hg <u>25</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____	Inj Zone: <u>WSTC</u>
TC: Pressure or inches of Hg <u>254</u>	Previous Test Pressure _____	Last MIT: <u>06/13/2013</u>	
Brhd: Pressure or inches of Hg <u>0</u>	Previous Test Pressure _____	AnnMTReq: _____	
Comment: <u>Routine UIC inspection. No ctive injection at time of inspection.</u>			
Corrective Action: _____			Date: _____
Method of Injection: <u>PUMP FEED</u>			
Test Type: _____	Tbg psi: _____	Csg psi: _____	BH psi: _____
Insp. Status: _____			
Comment: _____			
Corrective Action: _____			Date: _____

Facility ID: <u>272659</u>	Type: <u>WELL</u>	API Number: <u>045-10123</u>	Status: <u>IJ</u> Insp. Status: <u>SI</u>
Underground Injection Control			
UIC Violation: _____		Maximum Injection Pressure: _____	
<u>UIC Routine</u>			
Inj./Tube: Pressure or inches of Hg <u>647</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____	Inj Zone: <u>WSTC</u>
TC: Pressure or inches of Hg <u>341</u>	Previous Test Pressure _____	Last MIT: <u>09/02/2015</u>	
Brhd: Pressure or inches of Hg <u>5</u>	Previous Test Pressure _____	AnnMTReq: _____	
Comment: <u>Routine UIC inspection. No ctive injection at time of inspection.</u>			
Corrective Action: _____			Date: _____
Method of Injection: <u>PUMP FEED</u>			
Test Type: _____	Tbg psi: _____	Csg psi: _____	BH psi: _____
Insp. Status: _____			
Comment: _____			
Corrective Action: _____			Date: _____

Facility ID: <u>272744</u>	Type: <u>WELL</u>	API Number: <u>045-10146</u>	Status: <u>IJ</u> Insp. Status: <u>SI</u>
Underground Injection Control			
UIC Violation: _____		Maximum Injection Pressure: _____	
<u>UIC Routine</u>			
Inj./Tube: Pressure or inches of Hg <u>649</u> (e.g. 30 psig or -30" Hg)	Previous Test Pressure _____	MPP _____	Inj Zone: <u>WSTC</u>
TC: Pressure or inches of Hg <u>434</u>	Previous Test Pressure _____	Last MIT: <u>08/07/2012</u>	
Brhd: Pressure or inches of Hg <u>89</u>	Previous Test Pressure _____	AnnMTReq: _____	
Comment: _____			
Corrective Action: _____			Date: _____

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: _____

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