

FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
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Inspection Date:
02/28/2012

Document Number:
663800183

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>LONGWORTH, MIKE</u>
	<u>285781</u>	<u>334666</u>		

Operator Information:

OGCC Operator Number: 100185 Name of Operator: ENCANA OIL & GAS (USA) INC

Address: 370 17TH ST STE 1700

City: DENVER State: CO Zip: 80202-

Contact Information:

Contact Name	Phone	Email	Comment
Friesen, Kathy	970-285-2665	Kathy.Friesen@EnCana.com	

Compliance Summary:

QtrQtr: SWSW Sec: 1 Twp: 7S Range: 92W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/16/2009	200209266	BH	PR	S			N
08/22/2008	200194089	DG	WO	S			N
08/25/2007	200122347	PR	PR	S			N
01/22/2007	200106949	PR	SI	S	I	P	N
10/10/2006	200103320	DG	DG	S		P	N

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
285781	WELL	PR	01/06/2007	GW	045-12515	JUNIPER 1-13A (M1E)	X
285875	WELL	PR	12/27/2006	GW	045-12582	JUNIPER 2-16A (M1E)	X
285876	WELL	PR	12/30/2006	GW	045-12581	JUNIPER 2-16 (M1E)	X
285877	WELL	PR	12/19/2006	GW	045-12580	JUNIPER 1-13 (M1E)	X
296480	WELL	PR	10/23/2008	GW	045-16049	JUNIPER 1-12A (M1E)	X
296481	WELL	PR	10/09/2008	GW	045-16050	JUNIPER 2-9(M1E)	X
296482	WELL	PR	10/19/2008	GW	045-16051	JUNIPER 1-12(M1E)	X
296483	WELL	PR	10/21/2008	OW	045-16052	JUNIPER 12-4A(M1E)	X
296484	WELL	PR	10/30/2008	GW	045-16053	JUNIPER 11-1A (M1E)	X
296609	WELL	PR	10/19/2008	GW	045-16088	JUNIPER 2-9A (M1E)	X
334666	LOCATION	AC	04/14/2009		-	JUNIPER-67S92W 1SWSW	

Equipment: Location Inventory

Special Purpose Pits: _____	Drilling Pits: _____	Wells: _____	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: _____	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: _____	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: _____	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Lease Road:				
Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
BATTERY	Satisfactory			
WELLHEAD	Satisfactory			
TANK LABELS/PLACARDS	Unsatisfactory	no labels on the 500 bbl tanks	Install sign to comply with rule 210.d.	03/16/2012

Emergency Contact Number: (S/U/V) _____ Corrective Date: _____

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
TRASH	Satisfactory			

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	10	Satisfactory			
Plunger Lift	10	Satisfactory			
Bird Protectors	6	Satisfactory			

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	STEEL AST	,
S/U/V:	Comment:			
Corrective Action:				Corrective Date:
<u>Paint</u>				
Condition				
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Tanks/Berms: <input type="checkbox"/> New Tank Tank ID: _____				
Contents	#	Capacity	Type	SE GPS
CONDENSATE	3	500 BBLS	STEEL AST	,
S/U/V:	Unsatisfactory Comment:			
Corrective Action:	label 500 bbl tanks			Corrective Date:
<u>Paint</u>				
Condition	Adequate			
Other (Content)	_____			
Other (Capacity)	_____			
Other (Type)	_____			
<u>Berms</u>				
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Venting:	
Yes/No	Comment

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 334666

Site Preparation:

Lease Road Adeq.: _____

Pads: _____

Soil Stockpile: _____

Corrective Action: _____

Date: _____ CDP Num.: _____

Form 2A COAs:

Wildlife BMPs:

Stormwater:

Comment:

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____

Address: _____

Phone Number: _____

Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____

Phone Number: _____

Date Onsite Request Received: _____

Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____

Phone Number: _____

Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Well

Facility ID: 285781 API Number: 045-12515 Status: PR Insp. Status: PR

Facility ID: 285875 API Number: 045-12582 Status: PR Insp. Status: PR

Facility ID: 285876 API Number: 045-12581 Status: PR Insp. Status: PR

Facility ID: 285877 API Number: 045-12580 Status: PR Insp. Status: PR

Facility ID: 296480 API Number: 045-16049 Status: PR Insp. Status: PR

Facility ID: 296481 API Number: 045-16050 Status: PR Insp. Status: PR

Facility ID: 296482 API Number: 045-16051 Status: PR Insp. Status: PR

Facility ID: 296483 API Number: 045-16052 Status: PR Insp. Status: PR

Facility ID: 296484 API Number: 045-16053 Status: PR Insp. Status: PR

Facility ID: 296609 API Number: 045-16088 Status: PR Insp. Status: PR

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
 Comment: _____
 Corrective Action: _____ Date: _____
 Reportable: _____ GPS: Lat _____ Long _____
 Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well:

DWR Receipt Num: _____ Owner Name: _____ GPS: Lat _____ Long _____

Field Parameters:

Sample Location: _____

Emission Control Burner (ECB): _____
 Comment: _____
 Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____
 Land Use: _____
 Comment: _____
 1003a. Debris removed? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____
 1003b. Area no longer in use? _____ Production areas stabilized? _____
 1003c. Compacted areas have been cross ripped? _____
 1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____
 Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____
 Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation _____

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____