

**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
 285781 334666 Inspector Name: LONGWORTH, MIKE

Operator Information:OGCC Operator Number: 100185 Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 370 17TH ST STE 1700City: DENVERState: COZip: 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**

Inspector Name: LONGWORTH, MIKE

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
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☐ 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			

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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 Sufficent	Base Sufficent	Adequate
Corrective Action				Corrective Date
Comment				
<u>Venting:</u>				
Yes/No	Comment			
<u>Flaring:</u>				
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

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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:

Lat Long
DWR Receipt Num: Owner Name: GPS :

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:

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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: _____