Inspector Name: JOHNSON, RANDELL

FORM INSP Rev 05/11

# State of Colorado
# Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109

## FIELD INSPECTION FORM

| DE | ET | OE | ES |
|---|---|---|---|
| | | | |

Inspection Date: 08/07/2013

Document Number: 668300643

Overall Inspection: Satisfactory

| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | 2A Doc Num: |
|---|---|---|---|---|---|
| | 428104 | 428103 | JOHNSON, RANDELL | ☐ | |

**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 |
|---|---|---|---|
| Harrison, Matthew | O:720-876-3204, C:303-229-4195 | cogcc.djinspections@encana.com | DJ Basin EHS On-Call:303-489-0238 |
| Walter, Judith | | judith.walter@encana.com | Regulatory |

**Compliance Summary:**

QtrQtr: SWSW Sec: 17 Twp: 2N Range: 65W

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|---|---|---|---|---|---|---|---|
| 428104 | WELL | PR | 07/04/2012 | GW | 123-35228 | MELBON RANCH 3B-17H | X |

**Equipment:** Location Inventory

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Special Purpose Pits: | | Drilling Pits: | | Wells: | 2 | 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

| Signs/Marker: | | | | |
|---|---|---|---|---|
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD | Satisfactory | | | |

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

Comment:

Corrective Action:

| Spills: | | | | |
|---|---|---|---|---|
| Type | Area | Volume | Corrective action | CA Date |

☐ Multilple Spills and Releases?

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**Fencing/:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---|---|---|---|---|
| WELLHEAD | Satisfactory | Chain link fencing | | |

**Equipment:**

| Type | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---|---|---|---|---|---|
| Plunger Lift | 1 | Satisfactory | SE corner of fence around Melbon Ranceh 3B-17H wellhead 40.13491, -104.69660 | | |

**Facilities:** ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|---|---|---|---|---|
| | | | CENTRALIZED BATTERY | 40.133370,-104.692870 |

| S/U/V: | Satisfactory | Comment: | Centralized battery services Melbon Ranch 3A-17H and 3B-17H/See related inspection document #668300642 for further information concerning shared facilties and equipment |
|---|---|---|---|

| Corrective Action: | | Corrective Date: | |
|---|---|---|---|

Paint

| Condition | Adequate |
|---|---|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|---|---|---|---|---|
| Metal | Adequate | Walls Sufficent | Base Sufficient | Adequate |

| Corrective Action | | Corrective Date | |
|---|---|---|---|
| Comment | | | |

**Venting:**

| Yes/No | Comment |
|---|---|
| NO | |

**Flaring:**

| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|---|---|---|---|---|
| | | | | |

**Predrill**

Location ID: 428103

**Site Preparation:**

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

**Form 2A COAs:**

**Comment:** _____

**CA:** _____ **Date:** _____

**Wildlife BMPs:**

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| BMP Type | Comment |
|---|---|
| Drilling/Completion Operations | Best Management Practice for a Horizontal Wellbore Fracturing Stimulation<br><br>1. At least seven (7) days prior to fracture stimulation, the operator is to notify all operators of non-operated wells within 300 feet of the wellbore to be fracture stimulated of the anticipated date stimulation date and the recommended best management practice to shut-in all wells within 300' of the stimulated wellbore completed in the same formation.<br><br>2. The operator will monitor the bradenhead pressure of all wells within 300 feet of the well to be fracture stimulated.<br><br>3. Bradenhead pressure gauges are to be installed 24 hours prior to stimulation. The gauges are to read at least once during every 24-hour period until 24-hours after stimulation is completed (post flowback). The gauges are to be of the type able to read current pressure and record the maximum encountered pressure in a 24-hour period. The gauge is to be reset between each 24-hour period. The pressures are to be recorded and saved.<br><br>4. If at any time during stimulation or the 24-hour post-stimulation period, the bradenhead annulus pressure of the treatment well or offset wells increases more than 200 psig, as per Rule 341, the operator of the well being stimulated shall verbally notify the Director as soon as practicable, but no later than twenty-four (24) hours following the incident. Within fifteen (15) days after the occurrence, the operator shall submit a Sundry Notice, Form 4, giving all details, including corrective actions taken. |
| Drilling/Completion Operations | Prior to drilling operations, Operator will perform an anti-collision scan of existing offset wells that have the potential of being within close proximity of the proposed well. This anti-collision scan will include definitive MWD or gyro surveys of the offset wells with included error of uncertainty per survey instrument, and compared against the proposed wellpath with its respective error of uncertainty. If current surveys do not exist for the offset wells, Operator may have gyro surveys conducted to verify bottomhole location. The proposed well will only be drilled if the anti-collision scan results indicate that there is not a risk for collision, or harm to people or the environment. For the proposed well, upon conclusion of drilling operations, an as-constructed gyro survey will be submitted to COGCC with the Form 5. |

**Comment:**

**CA:** **Date:**

**Stormwater:**

| Erosion BMPs | Present | Other BMPs | Present |
|---|---|---|---|
| | | | ` |

Corrective Action: Date:

Comments: Erosion BMPs:

Other BMPs:

**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:

Inspector Name: JOHNSON, RANDELL

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:

## Facility

Facility ID: 428104 Type: WELL API Number: 123-35228 Status: PR Insp. Status: PR

### Producing Well

Comment: 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: IRRIGATED

Comment:

1003a. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? Pass CM

CA CA Date

Unused or unneeded equipment onsite? Pass CM

CA CA Date

Pit, cellars, rat holes and other bores closed? Pass CM

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CA _____ CA Date _____

Guy line anchors removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? In

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? In

Production areas have been stabilized? In 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? P

Comment:

Overall Interim Reclamation In Process

**Final Reclamation/ Abandoned Location:**

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

Final Land Use: IRRIGATED

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 _____ Multi-Well Location ☐

| **Storm Water:** | | | | | | |
|---|---|---|---|---|---|---|
| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
| Other | Pass | Other | Pass | | | Vegetation |
| Compaction | Pass | Compaction | Pass | | | |

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| | | | | | | |
|---|---|---|---|---|---|---|
| Gravel | Pass | Gravel | Pass | | | |

S/U/V: Satisfactory Corrective Date:

Comment:

CA: