

**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



DE	ET	OE	ES
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Inspection Date:

12/30/2013

Document Number:

670201088

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>272099</u>	<u>335351</u>	<u>BURGER, CRAIG</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number:

Name of Operator: ENCANA OIL & GAS (USA) INCAddress: 370 17TH ST STE 1700City: DENVER State: CO Zip: 80202-

- ☐ THIS IS A FOLLOW UP INSPECTION
- ☐ FOLLOW UP INSPECTION REQUIRED
- ☒ NO FOLLOW UP INSPECTION REQUIRED
- ☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

Contact Name	Phone	Email	Comment
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor
Inspections, General		cogcc.inspections@encana.com	

**Compliance Summary:**QtrQtr: SWSW Sec: 27 Twp: 6S Range: 93W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
02/28/2011	200300462	PR	PR	Satisfactory			No
02/14/2011	200296407	PR	PR	Satisfactory			No
03/28/2007	200108140	PR	PR	Satisfactory	I	Pass	No
06/19/2006	200098703	PR	PR	Satisfactory	I	Pass	No
06/16/2006	200097785	CO	PR	Satisfactory		Pass	No
05/16/2006	200096714	PR	PR	Satisfactory	I	Pass	No
10/27/2005	200085055	CO	PR	Satisfactory		Pass	No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
271591	WELL	PR	11/22/2004	GW	045-09903	GMR 28-10D (M27NW)	PR	<input checked="" type="checkbox"/>
271592	WELL	PR	11/28/2005	GW	045-09904	GMR 27-12D(M27NW)	PR	<input checked="" type="checkbox"/>
271608	WELL	PR	11/25/2004	GW	045-09906	GMR 27-13D(M27NW)	PR	<input checked="" type="checkbox"/>
271698	WELL	PR	11/21/2005	GW	045-09935	GMR 28-9D (M27NW)	PR	<input checked="" type="checkbox"/>
271761	WELL	PR	11/24/2004	GW	045-09947	GMR 28-16D(M27NW)	PR	<input checked="" type="checkbox"/>
272099	WELL	PR	11/19/2004	GW	045-10024	GMR 28-8D (M27NW)	PR	<input checked="" type="checkbox"/>
295484	WELL	PR	03/18/2009	GW	045-15773	GMR 27-13A (M27NW)	PR	<input checked="" type="checkbox"/>
295485	WELL	PR	04/29/2009	GW	045-15774	GMR 27-14A(M27NW)	PR	<input checked="" type="checkbox"/>
295488	WELL	PR	04/19/2009	GW	045-15775	GMR 27-11D (M27NW)	PR	<input checked="" type="checkbox"/>

Inspector Name: BURGER, CRAIG

295489	WELL	PR	04/29/2009	GW	045-15776	GMR 27-12A(M27NW)	PR	<input checked="" type="checkbox"/>
296343	WELL	PR	04/16/2009	GW	045-15993	GMR 27-13B (M27NW)	PR	<input checked="" type="checkbox"/>
296344	WELL	PR	04/16/2009	GW	045-15994	GMR 27-12B (M27NW)	PR	<input checked="" type="checkbox"/>

**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**

<u>Signs/Marker:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	Signs need 1/4 1/4 section. See compliance schedule COGCC document number #2369022.		
BATTERY	Satisfactory			
TANK LABELS/PLACARDS	Satisfactory			

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

Comment: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

**Spills:**

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Heated Separator	11	Satisfactory			
Horizontal Heated Separator	1	Satisfactory			
Ancillary equipment	1	Satisfactory	vertical muffler		
Emission Control Device	1	Satisfactory			
Plunger Lift	12	Satisfactory			
Gas Meter Run	1	Satisfactory			
Bird Protectors	6	Satisfactory			
Gathering Line	1	Satisfactory			

<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
METHANOL	1	1000 GAL	STEEL AST	,	
S/U/V:	Satisfactory		Comment: same berm as 500 bbl tanks		
Corrective Action:				Corrective Date:	
<u>Paint</u>					
Condition	Adequate				
Other (Content) _____					
Other (Capacity) _____					
Other (Type) _____					
<u>Berms</u>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	500 BBLS	HEATED STEEL AST	39.493140,107.767990	
S/U/V:	Satisfactory		Comment:		
Corrective Action:				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					
<u>Venting:</u>					
Yes/No		Comment			
NO					
<u>Flaring:</u>					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

**Predrill**

Location ID: 272099

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/U/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/U/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**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:**Facility**

Facility ID: 271591 Type: WELL API Number: 045-09903 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: 271592 Type: WELL API Number: 045-09904 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: 271608 Type: WELL API Number: 045-09906 Status: PR Insp. Status: PR

**Producing Well**

Comment: plunger lift

Facility ID: <u>271698</u>	Type: <u>WELL</u>	API Number: <u>045-09935</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>271761</u>	Type: <u>WELL</u>	API Number: <u>045-09947</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>272099</u>	Type: <u>WELL</u>	API Number: <u>045-10024</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>295484</u>	Type: <u>WELL</u>	API Number: <u>045-15773</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>295485</u>	Type: <u>WELL</u>	API Number: <u>045-15774</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>295488</u>	Type: <u>WELL</u>	API Number: <u>045-15775</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>295489</u>	Type: <u>WELL</u>	API Number: <u>045-15776</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>296343</u>	Type: <u>WELL</u>	API Number: <u>045-15993</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

Facility ID: <u>296344</u>	Type: <u>WELL</u>	API Number: <u>045-15994</u>	Status: <u>PR</u>	Insp. Status: <u>PR</u>
<b><u>Producing Well</u></b>				
Comment: <u>plunger lift</u>				

**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

Inspector Name: BURGER, CRAIG

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_

Emission Control Burner (ECB): Y \_\_\_\_\_

Comment: \_\_\_\_\_

Pilot: ON \_\_\_\_\_ Wildlife Protection Devices (fired vessels): YES \_\_\_\_\_

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: \_\_\_\_\_ Date Interim Reclamation Completed: \_\_\_\_\_

Land Use: \_\_\_\_\_

Comment: **Snow cover limited inspection.**

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 \_\_\_\_\_  
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? Pass \_\_\_\_\_ Production areas stabilized ? Pass \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass \_\_\_\_\_ Subsidence over on drill pit? Pass \_\_\_\_\_

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? Pass \_\_\_\_\_ 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 \_\_\_\_\_

Inspector Name: BURGER, CRAIG

**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 \_\_\_\_\_

Well Release on Active Location ☐

Multi-Well Location ☐

**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Berms	Pass	Compaction	Pass			
Compaction	Pass	Culverts	Pass			

S/U/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

Comment: **Snow cover limited inspection.**

CA: \_\_\_\_\_

**Pits:** ☐ NO SURFACE INDICATION OF PIT