

FORM INSP <small>Rev 05/11</small>	State of Colorado				DE	ET	OE	ES	
	Oil and Gas Conservation Commission				Inspection Date: <u>12/30/2013</u>				
<small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>				Document Number: <u>670201088</u>					

FIELD INSPECTION FORM

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

Overall Inspection:
Satisfactory

Operator Information:

OGCC Operator Number:
Name of Operator: <u>ENCANA OIL & GAS (USA) INC</u>
Address: <u>370 17TH ST STE 1700</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-</u>

- 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"/>

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

Signs/Marker:				
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
<input type="checkbox"/> Multiple Spills and Releases?				

Equipment:					
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			

Facilities: <input type="checkbox"/> Old Tank <input checked="" type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type
METHANOL	1	1000 GAL	STEEL AST
S/U/V:	Satisfactory	Comment:	same berm as 500 bbl tanks
Corrective Action:			Corrective Date:

Paint

Condition	Adequate
Other (Content)	_____
Other (Capacity)	_____
Other (Type)	_____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Corrective Action				Corrective Date
Comment				

Facilities: <input type="checkbox"/> Old Tank <input checked="" type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type
CONDENSATE	2	500 BBLS	HEATED STEEL AST
SE GPS	39.493140,107.767990		
S/U/V:	Satisfactory	Comment:	
Corrective Action:			Corrective 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
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	Comment
NO	

Flaring:

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: 271698	Type: WELL	API Number: 045-09935	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 271761	Type: WELL	API Number: 045-09947	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 272099	Type: WELL	API Number: 045-10024	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 295484	Type: WELL	API Number: 045-15773	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 295485	Type: WELL	API Number: 045-15774	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 295488	Type: WELL	API Number: 045-15775	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 295489	Type: WELL	API Number: 045-15776	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 296343	Type: WELL	API Number: 045-15993	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				
Facility ID: 296344	Type: WELL	API Number: 045-15994	Status: PR	Insp. Status: PR
Producing Well				
Comment: plunger lift				

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): 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 _____

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