

FORM INSP <small>Rev 05/11</small>	State of Colorado				DE	ET	OE	ES	
	Oil and Gas Conservation Commission				Inspection Date: <u>10/08/2013</u>				
<small>1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109</small>				Document Number: <u>670200933</u>					
FIELD INSPECTION FORM				Overall Inspection: <u>Satisfactory</u>					
Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection					
	<u>285875</u>	<u>334666</u>	<u>BURGER, CRAIG</u>	<input type="checkbox"/>	2A Doc Num: _____				

Operator Information:

OGCC Operator Number: _____

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

Address: 370 17TH ST STE 1700

City: 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
Inspections, General		cogcc.inspections@encana.com	
Kellerby, Shaun		Shaun.Kellerby@state.co.us	NW Field Supervisor

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	200209270	BH	PR	S			N
08/22/2008	200194092	DG	WO	S			N
08/25/2007	200122349	PR	PR	S			N
01/22/2007	200106947	PR	SI	S	I	P	N
10/28/2006	200098217	CC	DG	S	I	P	N
10/10/2006	200103321	CC	WO	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)	<input checked="" type="checkbox"/>
285875	WELL	PR	12/27/2006	GW	045-12582	JUNIPER 2-16A (M1E)	<input checked="" type="checkbox"/>
285876	WELL	PR	12/30/2006	GW	045-12581	JUNIPER 2-16 (M1E)	<input checked="" type="checkbox"/>
285877	WELL	PR	12/19/2006	GW	045-12580	JUNIPER 1-13 (M1E)	<input checked="" type="checkbox"/>
296480	WELL	PR	10/23/2008	GW	045-16049	JUNIPER 1-12A (M1E)	<input checked="" type="checkbox"/>
296481	WELL	PR	10/09/2008	GW	045-16050	JUNIPER 2-9(M1E)	<input checked="" type="checkbox"/>
296482	WELL	PR	10/19/2008	GW	045-16051	JUNIPER 1-12(M1E)	<input checked="" type="checkbox"/>
296483	WELL	PR	10/21/2008	GW	045-16052	JUNIPER 12-4A(M1E)	<input checked="" type="checkbox"/>
296484	WELL	PR	10/30/2008	GW	045-16053	JUNIPER 11-1A (M1E)	<input checked="" type="checkbox"/>
296609	WELL	PR	10/19/2008	GW	045-16088	JUNIPER 2-9A (M1E)	<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
TANK LABELS/PLACARDS	Satisfactory			
WELLHEAD	Satisfactory	Signs need 1/4 1/4 section. See compliance schedule COGCC document number #2369022.		
BATTERY	Satisfactory			

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

Comment: _____

Corrective Action: _____

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

<u>Fencing/:</u>				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
LOCATION	Satisfactory	barbed wire		

<u>Equipment:</u>					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Plunger Lift	10				
Gathering Line	1	Satisfactory			
Deadman # & Marked	3	Satisfactory	some knocked down		
Horizontal Heated Separator	10	Satisfactory			
Gas Meter Run	1	Satisfactory			
Bird Protectors	12	Satisfactory			
Emission Control Device	1	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
METHANOL	1	<50 BBLS	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				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	HEATED STEEL AST	39.472010, -107.622520
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				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	500 BBLS	HEATED STEEL AST	39.472100,-107.622540	
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: 285875

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: 285781 Type: WELL API Number: 045-12515 Status: PR Insp. Status: PR

Producing Well

Comment: plunger lift

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

Producing Well

Comment: plunger lift

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

Producing Well

Comment: plunger lift

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

Producing Well

Comment: plunger lift

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

Producing Well

Comment: plunger lift

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

Producing Well

Comment: plunger lift

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

Idle Well

Purpose: [X] Shut In [] Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: _____

Workover

Comment: Wireline rig performing swab job on well.

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

Producing Well

Comment: plunger lift

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

Producing Well

Comment: plunger lift

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

Idle Well

Purpose: [X] Shut In [] Temporarily Abandoned Reminder: _____

S/V: Satisfactory CA Date: _____

CA: _____

Comment: _____

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): <u>Y</u>			
Comment: _____			
Pilot: <u>ON</u> Wildlife Protection Devices (fired vessels): <u>YES</u>			

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

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 _____
 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? Pass

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? _____ P _____

Comment: _____

Overall Interim Reclamation Pass

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
Sediment Traps	Pass	Ditches	Pass			
Seeding	Pass					
Ditches	Pass	Culverts	Pass			
Slope Roughening	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT