

**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:

02/13/2012

Document Number:

661600557

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |               |                               |
|---------------------|-------------|--------|---------------|-------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: MONTOYA, JOHN |
|                     | 421715      | 323248 |               |                               |

**Operator Information:**OGCC Operator Number: 100322 Name of Operator: NOBLE ENERGY INCAddress: 1625 BROADWAY STE 2200City: DENVERState: COZip: 80202**Contact Information:**

| Contact Name   | Phone | Email                       | Comment |
|----------------|-------|-----------------------------|---------|
| Pavelka, Linda |       | LPavelka@nobleenergyinc.com |         |

**Compliance Summary:**QtrQtr: SWNE Sec: 11 Twp: 4N Range: 65W**Inspector Comment:****Related Facilities:**

| Facility ID | Type     | Status | Status Date | Well Class | API Num   | Facility Name   |   |
|-------------|----------|--------|-------------|------------|-----------|-----------------|---|
| 61710       | LEASE    | PR     | 08/28/1998  |            | -         | HANSCOME 11-6   |   |
| 244969      | WELL     | PR     |             | GW         | 123-12764 | HANSCOME 5      | X |
| 244970      | WELL     | PR     | 10/25/2007  | OW         | 123-12765 | HANSCOME 6      | X |
| 323248      | LOCATION | AC     | 04/14/2009  |            | -         | HBR PC G 11-21D |   |
| 421715      | WELL     | XX     | 02/27/2011  |            | 123-33029 | HBR PC G 11-21D | X |

**Equipment:****Location Inventory**

|                             |                        |                     |                         |
|-----------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____   | Wells: <u>2</u>     | Production Pits: _____  |
| Condensate Tanks: _____     | Water Tanks: _____     | Separators: _____   | Electric Motors: _____  |
| Gas or Diesel Motors: _____ | 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:        | Satisfactory/Unsatisfactory | Comment   | Corrective Action                       | CA Date           |
|----------------------|-----------------------------|---|---|-------------------|
| TANK LABELS/PLACARDS | Satisfactory                |   |   |                   |
| WELLHEAD             | Unsatisfactory              | Both wells at this well sitge need wellhhead signs 11-21D | Install sign to comply with rule 210.b. | <b>04/11/2012</b> |

Inspector Name: MONTOYA, JOHN

|         |              |  |  |  |
|---------|--------------|--|--|--|
| BATTERY | Satisfactory |  |  |  |
|---------|--------------|--|--|--|

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

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

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

**Spills:**

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

☐ Multiple Spills and Releases?

**Fencing:**

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

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment                                 | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|---|-------------------|---------|
| Plunger Lift                | 3 | Satisfactory                |   |                   |         |
| Bird Protectors             | 3 | Satisfactory                |   |                   |         |
| Gas Meter Run               | 2 | Satisfactory                |   |                   |         |
| Ancillary equipment         | 1 | Satisfactory                | methanol pump @ wellhead                |                   |         |
| Ancillary equipment         | 1 | Satisfactory                | Frac tank on location for prod water OK |                   |         |
| Emission Control Device     | 1 | Satisfactory                |   |                   |         |
| Horizontal Heated Separator | 2 | Satisfactory                |   |                   |         |

**Venting:**

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

**Flaring:**

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

**Predrill**

Location ID: 323248

**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: 244969 API Number: 123-12764 Status: PR Insp. Status: PR

Facility ID: 244970 API Number: 123-12765 Status: PR Insp. Status: PR

Facility ID: 421715 API Number: 123-33029 Status: XX Insp. Status: SI

**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:**

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

**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? \_\_\_\_\_ 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: \_\_\_\_\_

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:**

Inspector Name: MONTOYA, JOHN

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

**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: \_\_\_\_\_