

**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:

01/28/2013

Document Number:

670500326

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |               |                               |
|---------------------|-------------|--------|---------------|-------------------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: MONTOYA, JOHN |
|                     | 242415      | 318902 |               |                               |

**Operator Information:**OGCC Operator Number: 100322 Name of Operator: NOBLE ENERGY INCAddress: 1625 BROADWAY STE 2200City: DENVER State: CO Zip: 80202**Contact Information:**

| Contact Name   | Phone        | Email                       | Comment |
|----------------|--------------|-----------------------------|---------|
| Pavelka, Linda | 303-506-4592 | LPavelka@nobleenergyinc.com |         |

**Compliance Summary:**QtrQtr: SWNW Sec: 8 Twp: 10N Range: 61W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 09/01/2010 | 200269293 | PR         | PR          | S                            |          |                | N               |
| 10/02/2009 | 200219277 | PR         | PR          | S                            |          |                | N               |
| 04/02/2008 | 200129825 | PR         | PR          | U                            |          |                | Y               |
| 05/02/2003 | 200038506 | PR         | PR          | U                            |          | F              | Y               |
| 02/21/1995 | 500165283 | PR         | PR          |                              |          | P              | N               |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------------------------------|
| 242415      | WELL | PR     | 08/01/1994  | OW         | 123-10206 | JOSEY 12-8 (1) | <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 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:**

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

Inspector Name: MONTOYA, JOHN

|                         |              |  |  |  |
|-------------------------|--------------|--|--|--|
| BATTERY                 | Satisfactory |  |  |  |
| TANK<br>LABELS/PLACARDS | Satisfactory |  |  |  |
| CONTAINERS              | Satisfactory |  |  |  |

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

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

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

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

|                       |                             |              |                   |         |
|-----------------------|-----------------------------|--------------|-------------------|---------|
| <b>Fencing/:</b>      |                             |              |                   |         |
| Type                  | Satisfactory/Unsatisfactory | Comment      | Corrective Action | CA Date |
| IGNITOR/COMBUST<br>OR | Satisfactory                |              |                   |         |
| WELLHEAD              | Satisfactory                |              |                   |         |
| SEPARATOR             | Satisfactory                |              |                   |         |
| PUMP JACK             | Satisfactory                |              |                   |         |
| TANK BATTERY          | Satisfactory                |              |                   |         |
| OTHER                 | Satisfactory                | solar panels |                   |         |

| <u>Equipment:</u>       |   |                             |   |                   |         |
|-------------------------|---|-----------------------------|---|-------------------|---------|
| Type                    | # | Satisfactory/Unsatisfactory | Comment                                       | Corrective Action | CA Date |
| Ancillary equipment     | 3 | Satisfactory                | chemical pump, solar panels, and recycle pump |                   |         |
| Vertical Separator      | 1 | Satisfactory                |   |                   |         |
| Pump Jack               | 1 | Satisfactory                |   |                   |         |
| Emission Control Device | 1 | Satisfactory                |   |                   |         |
| Veritcal Heater Treater | 1 | Satisfactory                |   |                   |         |
| Gas Meter Run           | 1 | Satisfactory                |   |                   |         |
| Bird Protectors         | 2 | Satisfactory                |   |                   |         |

|                        |          |                                   |                     |                  |  |
|------------------------|----------|-----------------------------------|---------------------|------------------|--|
| <b>Facilities:</b>     |          | <input type="checkbox"/> New Tank |                     | Tank ID: _____   |  |
| Contents               | #        | Capacity                          | Type                | SE GPS           |  |
| PRODUCED WATER         | 1        | 300 BBLS                          | STEEL AST           | ,                |  |
| S/U/V:                 |          |                                   | 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      |  |
| Earth                  | Adequate | Walls Sufficient                  | Base Sufficient     | Adequate         |  |
| Corrective Action      |          |                                   |                     | Corrective Date  |  |
| Comment                |          |                                   |                     |                  |  |
| <b>Facilities:</b>     |          | <input type="checkbox"/> New Tank |                     | Tank ID: _____   |  |
| Contents               | #        | Capacity                          | Type                | SE GPS           |  |
| PRODUCED WATER         | 1        | <50 BBLS                          | FIBERGLASS AST      | ,                |  |
| S/U/V:                 |          |                                   | 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      |  |
| Earth                  | Adequate | Walls Sufficient                  | Base Sufficient     | Adequate         |  |
| Corrective Action      |          |                                   |                     | Corrective Date  |  |
| Comment                |          |                                   |                     |                  |  |

|                        |                             |                                   |                     |                       |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|-----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____        |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS                |  |
| CRUDE OIL              | 2                           | 300 BBLS                          | STEEL AST           | 40.510150,-104.142390 |  |
| S/U/V:                 |                             |                                   | Comment:            |                       |  |
| Corrective Action:     |                             |                                   |                     | Corrective Date:      |  |
| <b>Paint</b>           |                             |                                   |                     |                       |  |
| Condition              | Adequate                    |                                   |                     |                       |  |
| Other (Content) _____  |                             |                                   |                     |                       |  |
| Other (Capacity) _____ |                             |                                   |                     |                       |  |
| Other (Type) _____     |                             |                                   |                     |                       |  |
| <b>Berms</b>           |                             |                                   |                     |                       |  |
| Type                   | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Earth                  | Adequate                    | Walls Sufficient                  | Base Insufficient   | Adequate              |  |
| Corrective Action      |                             |                                   |                     | Corrective Date       |  |
| Comment                |                             |                                   |                     |                       |  |
| <b>Venting:</b>        |                             |                                   |                     |                       |  |
| Yes/No                 |                             | Comment                           |                     |                       |  |
| NO                     |                             |                                   |                     |                       |  |
| <b>Flaring:</b>        |                             |                                   |                     |                       |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date               |  |
| Ignitor/Combustor      | Satisfactory                |                                   |                     |                       |  |

**Predrill**

Location ID: 318902

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_

Pads: \_\_\_\_\_

Soil Stockpile: \_\_\_\_\_

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

Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****Comment:****CA:****Date:****Wildlife BMPs:****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:**

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: 242415 Type: WELL API Number: 123-10206 Status: PR Insp. Status: PR

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: MONTOYA, JOHN

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |            |
| Corrective Action: _____                                  |  | Date: _____                  |            |
| Reportable: _____   | GPS: Lat _____                                     | Long _____                   |            |
| Proximity to Surface Water: _____                         |  | Depth to Ground Water: _____ |            |
| <b>Water Well:</b>  |  |                              |            |
|   |  | Lat _____                    | Long _____ |
| DWR Receipt Num: _____                                    | Owner Name: _____                                  | GPS : _____                  |            |
| <b>Field Parameters:</b>                                  |  |                              |            |
| <input style="width:300px" type="text"/>                  |  |                              |            |
| Sample Location: <input style="width:400px" type="text"/> |  |                              |            |
| Emission Control Burner (ECB): _____                      |  |                              |            |
| Comment: _____  |  |                              |            |
| Pilot: _____  | Wildlife Protection Devices (fired vessels): _____ |                              |            |

**Reclamation - Storm Water - Pit**

|   |   |   |  |
|---|---|---|--|
| <b>Interim Reclamation:</b>                       |   |   |  |
| Date Interim Reclamation Started: _____           |   | Date Interim Reclamation Completed: _____ |  |
| Land Use: _____                                   |   |   |  |
| Comment: <input style="width:750px" type="text"/> |   |   |  |
| 1003a.  | Debris removed? <u>Pass</u> CM _____  |   |  |
|   | CA _____  | CA Date _____                             |  |
|   | Waste Material Onsite? <u>Pass</u> CM _____   |   |  |
|   | CA _____  | CA Date _____                             |  |
|   | Unused or unneeded equipment onsite? <u>Pass</u> CM _____   |   |  |
|   | CA _____  | CA Date _____                             |  |
|   | Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____  |   |  |
|   | CA _____  | CA Date _____                             |  |
|   | Guy line anchors removed? <u>Pass</u> CM _____  |   |  |
|   | CA _____  | CA Date _____                             |  |
|   | Guy line anchors marked? _____ CM _____   |   |  |
|   | CA _____  | CA Date _____                             |  |
|   |   |   |  |
| 1003b.  | Area no longer in use? _____  |   | Production areas stabilized ? <u>Pass</u>        |
| 1003c.  | Compacted areas have been cross ripped? <u>Pass</u>   |   |  |
| 1003d.  | Drilling pit closed? <u>Pass</u>  |   | Subsidence over on drill pit? <u>Pass</u>        |
|   | Cuttings management: _____  |   |  |
| 1003e.  | Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>Pass</u> |   |  |
|   | Production areas have been stabilized? <u>Pass</u>  |   | Segregated soils have been replaced? <u>Pass</u> |
| RESTORATION AND REVEGETATION                      |   |   |  |
| <u>Cropland</u>                                   |   |   |  |
|   | Top soil replaced _____   | Recontoured _____                         | Perennial forage re-established _____            |

|                              |             |                              |
|------------------------------|-------------|------------------------------|
| <u>Non-Cropland</u>          |             |                              |
| Top soil replaced            | <u>Pass</u> | Recontoured <u>Pass</u>      |
|                              |             | 80% Revegetation <u>Pass</u> |
| 1003 f. Weeds Noxious weeds? | <u>P</u>    |                              |
| Comment:                     | <div></div> |                              |
| Overall Interim Reclamation  | <u>Pass</u> |                              |

|   |                      |   |                          |
|---|----------------------|---|--------------------------|
| 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                               | _____                | Multi-Well Location                       | <input type="checkbox"/> |

| 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: \_\_\_\_\_