

FORM
INSPRev
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



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Inspection Date:

06/10/2013

Document Number:

668600902

Overall Inspection:

Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	415245	415051	QUINT, CRAIG	2A Doc Num:	

Operator Information:

OGCC Operator Number: 100322 Name of Operator: NOBLE ENERGY INC

Address: 1625 BROADWAY STE 2200

City: DENVER

State: CO

Zip: 80202

Contact Information:

Contact Name	Phone	Email	Comment
Pavelka, Linda	303-228-4048	lpavelka@nobleenergyinc.com	
Ledet, Dave	970-848-0331 off	dledet@nobleenergyinc.com	

Compliance Summary:

QtrQtr: NENE Sec: 34 Twp: 1S Range: 45W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
415245	WELL	PR	04/05/2010	GW	125-11731	SUMAN-GEORGE TRUSTS 41-34	<input checked="" type="checkbox"/>

Equipment:

Location Inventory

Special Purpose Pits:	_____	Drilling Pits:	_____ 1	Wells:	_____ 1	Production Pits:	_____
Condensate Tanks:	_____	Water Tanks:	_____	Separators:	_____	Electric Motors:	_____ 1
Gas or Diesel Mortors:	_____	Cavity Pumps:	_____	LACT Unit:	_____	Pump Jacks:	_____ 1
Electric Generators:	_____	Gas Pipeline:	_____ 1	Oil Pipeline:	_____	Water Pipeline:	_____ 1
Gas Compressors:	_____	VOC Combustor:	_____	Oil Tanks:	_____	Dehydrator Units:	_____
Multi-Well Pits:	_____	Pigging Station:	_____	Flare:	_____	Fuel Tanks:	_____

Location

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory	2 TRACK THROUGH PASTURE.		

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	SIGN BY WELL		
OTHER	Satisfactory	SIGN BY ENTRANCE		

Inspector Name: QUINT, CRAIG

Emergency Contact Number: <u>(S/U/V)</u> <u>Satisfactory</u>	Corrective Date: _____
Comment: _____	
Corrective Action: _____	

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

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	STEEL PANELS AROUND ALL EQUIPMENT		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Vertical Separator	1	Satisfactory	VGS 50% BURIED		
Prime Mover	1	Satisfactory	ELEC MOTOR		
Pump Jack	1	Satisfactory	25 SENTRY		
Ancillary equipment	2	Satisfactory	ELEC PANEL, TELEMETRY EQUIPMENT		
Deadman # & Marked	4	Satisfactory			
Gas Meter Run	1	Satisfactory			

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date

Predrill

Location ID: 415051

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: 415245 Type: WELL API Number: 125-11731 Status: PR Insp. Status: PR

Producing Well

Comment: PRODUCING

Environmental**Spills/Releases:**

Inspector Name: QUINT, CRAIG

Type of Spill: _____	Description: _____	Estimated Spill Volume: _____
Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
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): _____
Comment: _____
Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:

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

Land Use: RANGELAND

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?	Pass	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? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Inspector Name: QUINT, CRAIG

Top soil replaced _____

Recontoured _____

Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass

Recontoured Pass

80% Revegetation Pass

1003 f. Weeds Noxious weeds? P

Comment: UNUSED AREAS OF THE LOCATION ARE PASTURE.

Overall Interim Reclamation Pass

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____

Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

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 ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Compaction	Pass			

S/U/V: Satisfactory Corrective Date: _____

Comment: _____

CA: _____