

**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



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Inspection Date:

01/28/2014

Document Number:

663902716

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	
	334368	334368	LONGWORTH, MIKE	2A Doc Num:	

Operator Information:

OGCC Operator Number:

Name of Operator: NOBLE ENERGY INCAddress: 1625 BROADWAY STE 2200City: 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
Bonkiewicz, Mike	970-625-1494	mbonkiewicz@nobleenergyinc.com	District Manager
Kellerby, Shaun		shaun.kellerby@state.co.us	

Compliance Summary:

QtrQtr: SESE		Sec: 1	Twp: 8S		Range: 96W		
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Unsatisfactory	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
05/06/2013	663800964			Satisfactory	I		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
288332	WELL	PR	07/08/2008	GW	045-13196	DUTTON FAMILY LIMITED 1-44B	PR	<input checked="" type="checkbox"/>
288333	WELL	PR	06/25/2008	GW	045-13195	DUTTON FAMILY LIMITED 1-44C	PR	<input checked="" type="checkbox"/>
288334	WELL	PR	07/08/2008	GW	045-13194	DUTTON FAMILY LIMITED 1-44A	PR	<input checked="" type="checkbox"/>
288335	WELL	PR	06/25/2008	GW	045-13193	DUTTON FAMILY LIMITED 1-44D	PR	<input checked="" type="checkbox"/>
288336	WELL	PR	01/05/2011	GW	045-13192	M. DUTTON 1-34A	PR	<input checked="" type="checkbox"/>
288337	WELL	PR	07/12/2008	GW	045-13191	M.DUTTON 1-34B	PR	<input checked="" type="checkbox"/>
288338	WELL	PR	09/03/2008	GW	045-13190	M.DUTTON 1-34C	PR	<input checked="" type="checkbox"/>
288339	WELL	PR	09/03/2008	GW	045-13189	M. DUTTON 1-34D	PR	<input checked="" type="checkbox"/>

Equipment:**Location Inventory**

Inspector Name: LONGWORTH, MIKE

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

Lease Road:

Type	Satisfactory/Unsatisfactory	comment	Corrective Action	Date
Access	Satisfactory			

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
DRILLING/RECOMP	Satisfactory			
BATTERY	Satisfactory			
CONTAINERS	Satisfactory			

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

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory			
SEPARATOR	Satisfactory			
TANK BATTERY	Satisfactory			

Equipment:

Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Horizontal Heated Separator	8	Satisfactory			
Bird Protectors	4	Satisfactory			
Plunger Lift	12	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank		Tank ID: _____	
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	3	300 BBLS	STEEL AST		
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			
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	

Predrill

Location ID: 334368

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: 288332 Type: WELL API Number: 045-13196 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288333 Type: WELL API Number: 045-13195 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288334 Type: WELL API Number: 045-13194 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288335 Type: WELL API Number: 045-13193 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288336 Type: WELL API Number: 045-13192 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288337 Type: WELL API Number: 045-13191 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288338 Type: WELL API Number: 045-13190 Status: PR Insp. Status: PR

Producing Well

Comment: Producing well

Facility ID: 288339 Type: WELL API Number: 045-13189 Status: PR Insp. Status: PR

Producing Well

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):

Comment:

Pilot: Wildlife Protection Devices (fired vessels):

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? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In _____ Production areas stabilized ? Pass _____

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? In _____

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 In Process

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: _____

Inspector Name: LONGWORTH, MIKE

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
Ditches	Pass	Ditches	Pass			
Seeding		Rip Rap	Pass			
Compaction	Pass	Culverts	Pass			
		Sediment Traps	Pass			
Gravel	Pass	Gravel	Pass			
Berms	Pass	Compaction	Pass	MHSP	Pass	Secondary containment

S/U/V: Satisfactory _____ Corrective Date: _____

Comment: snow cover limited inspection

CA: _____

Pits: ☐ NO SURFACE INDICATION OF PIT