

**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:

05/13/2014

Document Number:

668402021

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	289516	334081	BROWNING, CHUCK	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 100322Name 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
Pavelka, Linda	303-228-4060	lpavelka@nobleenergyinc.com	REGULATORY ANALYST
Browning, Chuck	970-433-4139	chuck.browning@state.co.us	Field Inspector

Compliance Summary:QtrQtr: NENW Sec: 8 Twp: 8S Range: 95W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/06/2012	668400612	IJ	SI	SATISFACTORY Y	P		No
11/17/2011	663800034	WO	SI	SATISFACTORY Y			No
04/07/2010	200286411	PR	ND	SATISFACTORY Y			No

Inspector Comment:UIC - routine inspection**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
159385	UIC DISPOSAL	AC	02/15/2012		-	FEDERAL 8-21D	AC	<input checked="" type="checkbox"/>
284790	WELL	PR	07/24/2009	GW	045-12267	FEDERAL 32-24C	PR	<input checked="" type="checkbox"/>
284791	WELL	PR	01/31/2008	GW	045-12268	FEDERAL 8-21A	PR	<input checked="" type="checkbox"/>
284989	WELL	PR	10/08/2006	GW	045-12335	FEDERAL 5-24D	PR	<input checked="" type="checkbox"/>
285150	WELL	PR	10/15/2006	GW	045-12382	FEDERAL 5-24C	PR	<input checked="" type="checkbox"/>
285523	WELL	PR	05/06/2009	GW	045-12511	FEDERAL 32-14C	PR	<input checked="" type="checkbox"/>
285524	WELL	PR	09/30/2009	GW	045-12510	FEDERAL 32-24D	PR	<input checked="" type="checkbox"/>
285525	WELL	PR	10/05/2010	GW	045-12498	FEDERAL 32-14D	PR	<input checked="" type="checkbox"/>
289510	WELL	PR	12/31/2007	GW	045-13792	FEDERAL 5-14C	PR	<input checked="" type="checkbox"/>
289511	WELL	PR	05/06/2009	GW	045-13791	FEDERAL 5-14D	PR	<input checked="" type="checkbox"/>
289512	WELL	PR	08/05/2010	GW	045-13790	FEDERAL 8-32D	PR	<input checked="" type="checkbox"/>

Inspector Name: BROWNING, CHUCK

289513	WELL	PR	08/06/2010	GW	045-13789	FEDERAL 8-32C	PR	X
289514	WELL	PR	05/31/2008	GW	045-13788	FEDERAL 8-21B	PR	X
289515	WELL	PR	01/08/2009	GW	045-13787	FEDERAL 8-21C	PR	X
289516	WELL	IJ	11/28/2011	GW	045-13786	FEDERAL 8-21D	SI	X
289517	WELL	PR	11/02/2010	GW	045-13785	FEDERAL 8-22B	PR	X
289518	WELL	PR	08/26/2009	GW	045-13784	FEDERAL 8-31C	PR	X
289519	WELL	PR	05/06/2009	GW	045-13783	FEDERAL 8-31D	PR	X
289520	WELL	PR	12/31/2007	GW	045-13782	FEDERAL 8-32A	PR	X
289521	WELL	PR	10/27/2007	GW	045-13781	FEDERAL 8-32B	PR	X

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**Lease Road:**

Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY			
Access	SATISFACTORY			

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Yes/No	Comment

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 289516

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:**S/A/V:** _____ **Comment:** _____**CA:** _____ **Date:** _____**Wildlife BMPs:****S/A/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: 159385 Type: UIC API Number: - Status: AC Insp. Status: AC

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: 1173 _____

UIC Routine

Inj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) _____ Inj Zone: _____

TC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: _____

Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: **UIC - routine inspection**
Well shut in

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 284790 Type: WELL API Number: 045-12267 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Facility ID: 284791 Type: WELL API Number: 045-12268 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Facility ID: 284989 Type: WELL API Number: 045-12335 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Facility ID: 285150 Type: WELL API Number: 045-12382 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Facility ID: 285523 Type: WELL API Number: 045-12511 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Facility ID: 285524 Type: WELL API Number: 045-12510 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Facility ID: 285525 Type: WELL API Number: 045-12498 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Facility ID: 289510 Type: WELL API Number: 045-13792 Status: PR Insp. Status: PR

Producing WellComment: **gas lift**

Inspector Name: BROWNING, CHUCK

Facility ID: 289511	Type: WELL	API Number: 045-13791	Status: PR	Insp. Status: PR
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Producing Well

Comment: gas lift

Facility ID: 289512	Type: WELL	API Number: 045-13790	Status: PR	Insp. Status: PR
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Producing Well

Comment: gas lift

Facility ID: 289513	Type: WELL	API Number: 045-13789	Status: PR	Insp. Status: PR
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Producing Well

Comment: gas lift

Facility ID: 289514	Type: WELL	API Number: 045-13788	Status: PR	Insp. Status: PR
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Producing Well

Comment: gas lift

Facility ID: 289515	Type: WELL	API Number: 045-13787	Status: PR	Insp. Status: PR
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Producing Well

Comment: gas lift

Facility ID: 289516	Type: WELL	API Number: 045-13786	Status: IJ	Insp. Status: SI
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Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube:	Pressure or inches of Hg _____ (e.g. 30 psig or -30" Hg)	Previous Test Pressure	2000	MPP	_____
TC:	Pressure or inches of Hg _____	Previous Test Pressure	22	Inj Zone:	CZ-CR
Brhd:	Pressure or inches of Hg _____	Previous Test Pressure	25	Last MIT:	11/17/2011
				AnnMTRReq:	_____

Comment: UIC - routine inspection
Well shut in

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Facility ID: 289517	Type: WELL	API Number: 045-13785	Status: PR	Insp. Status: PR
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Producing Well

Comment: gas lift

Facility ID: 289518	Type: WELL	API Number: 045-13784	Status: PR	Insp. Status: PR
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Producing Well

Comment: gas lift

Facility ID: 289519	Type: WELL	API Number: 045-13783	Status: PR	Insp. Status: PR
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Producing WellComment: gas liftFacility ID: 289520 Type: WELL API Number: 045-13782 Status: PR Insp. Status: PR**Producing Well**Comment: gas liftFacility ID: 289521 Type: WELL API Number: 045-13781 Status: PR Insp. Status: PR**Producing Well**Comment: gas lift**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? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass1003c. Compacted areas have been cross ripped? Pass

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? PassProduction 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
Gravel	Pass	Gravel	Pass	MHSP	Pass	

Inspector Name: BROWNING, CHUCK

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☐ NO SURFACE INDICATION OF PIT