

Inspector Name: Rains, Bill

**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

Inspection Date:

08/27/2014

Document Number:

673900484

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	416080	415946	Rains, Bill	<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
HEATHER, FOGEL		hfogel@nobleenergyinc.com	send all noble inp. to heather

Compliance Summary:QtrQtr: NWSE Sec: 34 Twp: 11N Range: 61W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
416080	WELL	PR	08/13/2010	OW	123-31253	COX 1161-34-42	PR <input checked="" type="checkbox"/>

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>1</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:**

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

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

Corrective Date: _____

Comment: _____

Inspector Name: Rains, Bill

Corrective Action:

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	ACTION REQUIRED	WEEDS AT WELLHEAD AND LOCATION	CONTROL WEEDS	09/10/2014

Spills:

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

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	WIRE		
PUMP JACK	SATISFACTORY	WIRE		
WELLHEAD	SATISFACTORY	PIPE		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Prime Mover	1	SATISFACTORY	GAS ENG		
Ancillary equipment	1	SATISFACTORY	TRANSFER PUMP		
Bird Protectors	2	SATISFACTORY			
Emission Control Device	1	SATISFACTORY			
Vertical Separator	1	SATISFACTORY			
Pump Jack	1	SATISFACTORY			
Veritcal Heater Treater	1	SATISFACTORY			
Gas Meter Run	2	SATISFACTORY			

Facilities:☐ New Tank

Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	500 BBLs	STEEL AST	40.878330,-104.183280

S/A/V: SATISFACTORY

Comment:

Corrective Action:

Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action	Corrective Date
Comment	

Inspector Name: Rains, Bill

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	100 BBLS	PBV FIBERGLASS	,
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action			Corrective Date	
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	500 BBLS	FIBERGLASS AST	,
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:			Corrective Date:	

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action			Corrective Date	
Comment				

Venting:		
Yes/No	Comment	
NO		

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<u>Predrill</u>				
Location ID: 416080				
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:**

BMP Type	Comment
PROPOSED BMPs	<p>PETRO- CANADA RESOURCES (USA) INC.</p> <p>STORMWATER MANAGEMENT PROGRAM</p> <p>Petro - Canada Resources (USA) Inc. (PCR) has in place Stormwater Management Plans to ensure compliance with the Colorado Oil & Gas Conservation Commission (COGCC) and the Colorado Department of Public Health and Environment (CDPHE) requirements.</p> <p>The CDPHE Stormwater Management Plan covers construction activities and the COGCC plan addresses post- construction activities. PCR utilizes sediment containment systems, which includes silt fencing, straw bales, erosion control blankets, berms, etc. Erosion and sediment control BMP's are dependent upon site slopes, drainage patterns and quantities, and other site - specific conditions. BMP's will be applied on a site specific basis and not all BMP's will be used at each construction site. PCR strives to use BMP's that minimize surface disturbance and adverse environmental effects, such as erosion and sediment production.</p> <p>A copy of PCR's Stormwater Management Plan is kept in our field offices in LaSalle and Grover and our regional office in Denver.</p>

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: _____

Inspector Name: Rains, Bill

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: 416080 Type: WELL API Number: 123-31253 Status: PR Insp. Status: PR

Producing Well

Comment: PR

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): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

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? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ 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? _____

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? Pass Segregated soils have been replaced? Pass

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation In Process

Date Final Reclamation Started: _____	Date Final Reclamation Completed: _____
Final Land Use: <u>RANGELAND</u>	
Reminder: _____	
Comment: _____	
Well plugged _____	Pit mouse/rat holes, cellars backfilled _____
Debris removed _____	No disturbance /Location never built _____
Access Roads _____	Regraded _____
Gravel removed _____	Contoured _____
	Culverts 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 <input type="checkbox"/>
	Multi-Well Location <input type="checkbox"/>

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

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S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT