

**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:

09/23/2014

Document Number:

675200576

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	334087	334087	CONKLIN, CURTIS	<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
Kellerby, Shaun		shuan.kellerby@state.co.us	NW Supervisor
Pavelka, Linda	(303) 228-4060	lpavelka@nobleenergyinc.com	Regulatory Analyst
Bonkiewicz, Mike	(970) 625-1494	mbonkiewicz@nobleenergyinc.com	District Manager

Compliance Summary:QtrQtr: NENW Sec: 35 Twp: 7S Range: 95W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
275966	WELL	PR	07/01/2013	GW	045-10412	BATTLEMENT MESA 35 -12	PR	<input checked="" type="checkbox"/>
277543	WELL	AL	04/08/2010	LO	045-10708	BATTLEMENT MESA 35 -31D	AL	<input type="checkbox"/>
278676	WELL	PR	09/15/2010	GW	045-10919	BATTLEMENT MESA 35 -32A	PR	<input checked="" type="checkbox"/>
285497	WELL	PR	11/19/2009	GW	045-12505	BATTLEMENT MESA 35 -21D	PR	<input checked="" type="checkbox"/>
419089	WELL	AL	12/04/2012	LO	045-19874	BATTLEMENT MESA 35 -31D (35C)	AL	<input type="checkbox"/>
419090	WELL	AL	12/04/2012	LO	045-19875	BATTLEMENT MESA 35 -22C (35C)	AL	<input type="checkbox"/>
419091	WELL	AL	12/04/2012	LO	045-19876	BATTLEMENT MESA 35 -22B (35C)	AL	<input type="checkbox"/>
419092	WELL	AL	12/04/2012	LO	045-19877	BATTLEMENT MESA 35 -21C (35C)	AL	<input type="checkbox"/>
419093	WELL	AL	12/04/2012	LO	045-19878	BATTLEMENT MESA 35 -21A (35C)	AL	<input type="checkbox"/>
419097	WELL	AL	12/04/2012	LO	045-19879	BATTLEMENT MESA 35 -31C (35C)	AL	<input type="checkbox"/>

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419099	WELL	AL	12/05/2012	LO	045-19880	BATTLEMENT MESA 35 -21B (35C)	AL	
419101	WELL	AL	12/04/2012	LO	045-19881	BATTLEMENT MESA 35 -31A (35C)	AL	
419102	WELL	AL	12/04/2012	LO	045-19882	BATTLEMENT MESA 35 -32C (35C)	AL	
419103	WELL	AL	12/04/2012	LO	045-19883	BATTLEMENT MESA 35 -31B (35C)	AL	
419104	WELL	AL	12/04/2012	LO	045-19884	BATTLEMENT MESA 35 -22A (35C)	AL	
419105	WELL	AL	12/04/2012	LO	045-19885	BATTLEMENT MESA 35 -32B (35C)	AL	

Equipment:Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>15</u>	Production Pits: _____
Condensate Tanks: <u>7</u>	Water Tanks: _____	Separators: <u>4</u>	Electric Motors: <u>1</u>
Gas or Diesel Mortors: <u>2</u>	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: <u>1</u>
Gas Compressors: _____	VOC Combustor: _____	Oil Tanks: <u>6</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

LocationLease Road:

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

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY	Condensate tanks.		
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	ACTION REQUIRED	No capacity on Methanol tanks	Install sign to comply with rule 210.	09/30/2014

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
SEPARATOR	SATISFACTORY	Wire Panels		
TANK BATTERY	SATISFACTORY	Wire Panels		
WELLHEAD	SATISFACTORY	Wire Panels		

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Horizontal Heated Separator	3	SATISFACTORY	In earth containment		
Ancillary equipment	2	SATISFACTORY	Methanol tanks w/ containment		
Plunger Lift	3	SATISFACTORY			
Gathering Line	1	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
CONDENSATE	2	400 BBLS	STEEL 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
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill				
Location ID: 334087				
Site Preparation:				
Lease Road Adeq.: _____		Pads: _____	Soil Stockpile: _____	
S/A/V: _____				
Corrective Action: _____		Date: _____	CDP Num.: _____	
Form 2A COAs:				

Group	User	Comment	Date
Agency	kubeczkod	Comply with all DOE office of legacy management requests for sampling and analysis of natural gas and other materials associated with drilling and production. Operator must ensure 110 percent secondary containment for any volume of fluids contained at well site during drilling and completion operations. If fluids are conveyed via pipeline, operator must implement best management practices to contain any unintentional release of fluids. Flowback to tanks only. Submit a secondary and tertiary containment plan via sundry notice form 4 for the tanks. Attn: Chris Canfield. Obtain approval of the plan prior to flowback. Produced water from this location may not be transported to or re-used at another location without specific written approval from COGCC and only after analysis confirms compliance with the Rulison SAP. Drill solids and cuttings from this location may not be transported to, disposed of or re-used at another location without specific written approval from COGCC and only after analysis confirms compliance with the Rulison SAP. A closed loop mud system shall be utilized to ensure containment of all materials that have been in contact with downhole strata and fluids. All cuttings and fresh make up water storage pits shall be lined to ensure containment. Contour features, french drains and other stormwater BMPs as necessary shall be employed to ensure site integrity. No individual operator shall utilize more than one rig within one mile of the project rulison blast site at any given time and no individual operator shall utilize more than two rigs within a three mile radius of the site at any given time. The total number of rigs allowed by all operators within three miles of the site shall be limited to five at any given time. Operator shall comply with all provisions of the most recent COGCC approved revision of the rulison sampling and analysis plan. In addition to the produced water sampling and analysis outlined in section 5.8 of the plan the operators shall also obtain and analyze produced water samples on wells described in the plan for constituents listed in the plan using the specified method where applicable. Pit construction shall comply with the "reserve pit and liner design technical specifications," dated July 2008. The moisture content of any drill cuttings in a cuttings pit, trench, or pile shall be as low as practicable to prevent accumulation of liquids greater than de minimis amounts. At the time of closure, the drill cuttings must also meet the applicable standards of Table 910-1. No portion of any pit that will be used to hold liquids shall be constructed on fill material, unless the pit and fill slope are designed and certified by a professional engineer, subject to review and approval by the director prior to construction of the pit. The construction and lining of the pit shall be supervised by a professional engineer or their agent. The entire base of the pit must be in cut.	03/19/2010

S/A/V: _____ **Comment:** Secondary containments in place

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:

Inspector Name: CONKLIN, CURTIS

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: 275966 Type: WELL API Number: 045-10412 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 278676 Type: WELL API Number: 045-10919 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Facility ID: 285497 Type: WELL API Number: 045-12505 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:

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? _____ CM _____
 CA _____ CA Date _____
 Waste Material Onsite? _____ CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? _____ CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? _____ 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? _____ Production areas stabilized ? _____

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? _____

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 _____

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: _____

Inspector Name: CONKLIN, CURTIS

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
Berms	Pass	Compaction	Pass			
Slope Roughening	Pass					
Gravel	Pass	Gravel	Pass			
Ditches	Pass	Ditches	Pass			
Compaction	Pass	Culverts	Pass			

S/A/V: SATISFACTOR
Y

Corrective Date: _____

Comment: _____

CA: _____

Pits: ☒ NO SURFACE INDICATION OF PIT