

**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:

02/10/2015

Document Number:

673801773

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 333294      | 333294 | Gomez, Jason    | <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 |
|----------------|-------|---------------------------|---------|
| Fogel, Heather |       | HFogel@nobleenergyinc.com |         |

**Compliance Summary:**QtrQtr: SWNW Sec: 6 Twp: 6N Range: 66W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 296824      | WELL | PR     | 10/01/2008  | OW         | 123-26935 | HKS 6-25      | PR          | <input checked="" type="checkbox"/> |
| 297418      | WELL | PR     | 10/22/2010  | OW         | 123-27124 | HKS 6-22(DIR) | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

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

**Location****Signs/Marker:**

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

Inspector Name: Gomez, Jason

|   |                        |
|---|------------------------|
| Emergency Contact Number (S/A/V): <u>SATISFACTORY</u> | Corrective Date: _____ |
| Comment: _____  |                        |
| Corrective Action: _____                              |                        |

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

|                  |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| <b>Fencing/:</b> |                              |         |                   |         |
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | Panel   |                   |         |
| WELLHEAD         | SATISFACTORY                 | Panel   |                   |         |

|                             |   |                              |         |                   |         |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| <b>Equipment:</b>           |   |                              |         |                   |         |
| Type                        | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| Plunger Lift                | 2 | SATISFACTORY                 |         |                   |         |
| Emission Control Device     | 1 | SATISFACTORY                 |         |                   |         |
| Gas Meter Run               | 2 | SATISFACTORY                 |         |                   |         |
| Horizontal Heated Separator | 2 | SATISFACTORY                 |         |                   |         |
| Bird Protectors             | 3 | SATISFACTORY                 |         |                   |         |

|   |   |                |           |                        |
|---|---|----------------|-----------|------------------------|
| <b>Facilities:</b> <input type="checkbox"/> New Tank Tank ID: _____ |   |                |           |                        |
| Contents  | # | Capacity       | Type      | SE GPS                 |
| CONDENSATE  | 2 | 300 BBLS       | STEEL AST | 40.517970,-104.827270  |
| S/A/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 Sufficent     | Base Sufficient     | Adequate    |

|                   |                 |
|-------------------|-----------------|
| Corrective Action | Corrective Date |
| Comment           |                 |

|   |   |                |                     |                        |
|---|---|----------------|---------------------|------------------------|
| <b>Facilities:</b> <input type="checkbox"/> New Tank Tank ID: _____ |   |                |                     |                        |
| Contents  | # | Capacity       | Type                | SE GPS                 |
| PRODUCED WATER  | 2 | <50 BBLS       | CONCRETE SUMP/VAULT | 40.517970,-104.827270  |
| S/A/V: SATISFACTORY   |   | Comment: _____ |                     |                        |
| Corrective Action: _____  |   |                |                     | Corrective Date: _____ |

**Paint**

Inspector Name: Gomez, Jason

|                   |          |                     |                     |                 |  |
|-------------------|----------|---------------------|---------------------|-----------------|--|
| Condition         | Adequate |                     |                     |                 |  |
| Other (Content)   |          |                     |                     |                 |  |
| Other (Capacity)  |          |                     |                     |                 |  |
| Other (Type)      |          |                     |                     |                 |  |
| <b>Berms</b>      |          |                     |                     |                 |  |
| Type              | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |  |
| Metal             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |  |
| Corrective Action |          |                     |                     | Corrective Date |  |
| Comment           |          |                     |                     |                 |  |

|                 |         |
|-----------------|---------|
| <b>Venting:</b> |         |
| Yes/No          | Comment |
| NO              |         |

|                 |                              |         |                   |         |
|-----------------|------------------------------|---------|-------------------|---------|
| <b>Flaring:</b> |                              |         |                   |         |
| Type            | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                 |                              |         |                   |         |

**Predrill**

Location ID: 333294

**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. (PCR) has in place Stormwater Management Plans to ensure compliance with the Colorado Oil &amp; 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: \_\_\_\_\_

**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**

Inspector Name: Gomez, Jason

Facility ID: 296824 Type: WELL API Number: 123-26935 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Facility ID: 297418 Type: WELL API Number: 123-27124 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: IMPROVED PASTURE

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

Inspector Name: Gomez, Jason

- 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: IMPROVED PASTURE

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            |                         |                       |               |                          |         |

S/A/V: SATISFACTOR Corrective Date: \_\_\_\_\_

Y

Comment: \_\_\_\_\_

CA: \_\_\_\_\_

Pits: ☒ NO SURFACE INDICATION OF PIT

