

Inspector Name: Gomez, Jason

**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:  
03/11/2015Document Number:  
673801881Overall Inspection:  
SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 322961      | 322961 | 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: SWSW Sec: 2 Twp: 5N Range: 64W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 244544      | WELL | PR     | 09/12/2008  | OW         | 123-12339 | BUCKLEN 1-2   | PR          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

|                              |                          |                       |                         |
|------------------------------|--------------------------|-----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____     | Wells: <u>1</u>       | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: <u>6</u>    | Separators: <u>16</u> | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____      | LACT Unit: _____      | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: <u>2</u>   | Oil Pipeline: _____   | Water Pipeline: _____   |
| Gas Compressors: <u>6</u>    | VOC Combustor: <u>11</u> | Oil Tanks: <u>21</u>  | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____   | Flare: _____          | Fuel Tanks: _____       |

**Location**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| 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: \_\_\_\_\_

Inspector Name: Gomez, Jason

Corrective Action:

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

☐ Multiple Spills and Releases?**Fencing/:**

| Type         | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|--------------|------------------------------|---------|-------------------|---------|
| SEPARATOR    | SATISFACTORY                 | Wire    |                   |         |
| TANK BATTERY | SATISFACTORY                 | Wire    |                   |         |
| WELLHEAD     | SATISFACTORY                 | Panel   |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Action Required | Comment                     | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|-----------------------------|-------------------|---------|
| Bird Protectors             | 2 | SATISFACTORY                 |                             |                   |         |
| Horizontal Heated Separator | 1 | SATISFACTORY                 |                             |                   |         |
| Emission Control Device     | 1 | SATISFACTORY                 |                             |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | Methonal pump w/containment |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | Telemetry Equipment         |                   |         |
| Plunger Lift                | 1 | SATISFACTORY                 |                             |                   |         |

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

| Contents  | # | Capacity | Type | SE GPS                |
|-----------|---|----------|------|-----------------------|
| CRUDE OIL | 1 | 300 BBLS |      | 40.422580,-104.524550 |

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 |
|-------|----------|---------------------|---------------------|-------------|
| Earth | Adequate | Walls Sufficient    | Base Sufficient     | Adequate    |

Corrective Action

Corrective Date

Comment

**Facilities:**☐ New Tank

Tank ID: \_\_\_\_\_

| Contents       | # | Capacity  | Type                | SE GPS                |
|----------------|---|-----------|---------------------|-----------------------|
| PRODUCED WATER | 1 | <100 BBLS | CONCRETE SUMP/VAULT | 40.422580,-104.524550 |

S/A/V: SATISFACTORY

Comment:

Corrective Action:

Corrective Date:

Inspector Name: Gomez, Jason

|                        |          |                     |                     |                 |
|------------------------|----------|---------------------|---------------------|-----------------|
| <b>Paint</b>           |          |                     |                     |                 |
| Condition              | Adequate |                     |                     |                 |
| Other (Content) _____  |          |                     |                     |                 |
| Other (Capacity) _____ |          |                     |                     |                 |
| Other (Type) _____     |          |                     |                     |                 |
| <b>Berms</b>           |          |                     |                     |                 |
| Type                   | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance     |
| Earth                  | 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 |
|                 |                              |         |                   |         |

|                          |  |                       |                       |  |
|--------------------------|--|-----------------------|-----------------------|--|
| <b>Predrill</b>          |  |                       |                       |  |
| Location ID: 322961      |  |                       |                       |  |
| <b>Site Preparation:</b> |  |                       |                       |  |
| Lease Road Adeq.: _____  |  | Pads: _____           | Soil Stockpile: _____ |  |
| <b>S/A/V:</b> _____      |  |                       |                       |  |
| Corrective Action: _____ |  | Date: _____           | CDP Num.: _____       |  |
| <b>Form 2A COAs:</b>     |  |                       |                       |  |
| <b>S/A/V:</b> _____      |  | <b>Comment:</b> _____ |                       |  |
| <b>CA:</b> _____         |  |                       | <b>Date:</b> _____    |  |

|  |   |
|--|---|
| <b>Wildlife BMPs:</b>                  |   |
| BMP Type                               | Comment   |
| General Housekeeping                   | Housekeeping will consist of neat and orderly storage of materials and fluids. Wastes will be temporarily stored in sealed containers and regularly collected and disposed of at offsite, suitable facilities. If spills occur prompt cleanup is required to minimize any commingling of waste materials with stormwater runoff. Routine maintenance will be limited to fueling and lubrication of equipment. Drip pans will be used during routine fueling and maintenance to contain spills or leaks. Any waste product from maintenance will be containerized and transported offsite for disposal or recycling. There will be no major equipment overhauls conducted onsite. Equipment will be transported offsite for major overhauls. Cleanup of trash and discarded materials will be conducted at the end of each work day. Cleanup will consist of patrolling the roadway, access areas, and other work areas to pickup trash, scrap debris, other discarded materials, and any contaminated soil. These materials will be disposed of properly. |
| Storm Water/Erosion Control            | Stormwater management plans (SWMP) are in place to address construction, drilling and operations associated with Oil & Gas development throughout the state of Colorado in accordance with Colorado Department of Public Health and Environment (CDPHE) General Permit No. COR- 038637. BMP's will be constructed around the perimeter of the site prior to, or at the beginning of construction. BMP's used will vary according to the location, and will remain in place until the pad reaches final reclamation.   |
| Material Handling and Spill Prevention | Spill Prevention Control and Countermeasures (SPCC) plans are in place to address any possible spill associated with Oil & Gas operations throughout the state of Colorado in accordance with CFR 112.  |

Inspector Name: Gomez, Jason

|  |  |                                      |  |
|--|--|--------------------------------------|--|
| <b>S/AV:</b> _____   |  | <b>Comment:</b> _____                |  |
| <b>CA:</b> _____   |  | <b>Date:</b> _____                   |  |
| <b>Stormwater:</b>   |  |                                      |  |
| <b>Comment:</b> _____  |  |                                      |  |
| <b>Staking:</b>  |  |                                      |  |
| <b>On Site Inspection (305):</b>   |  |                                      |  |
| <b>Surface Owner Contact Information:</b>  |  |                                      |  |
| Name: _____  |  | Address: _____                       |  |
| Phone Number: _____  |  | Cell Phone: _____                    |  |
| <b>Operator Rep. Contact Information:</b>  |  |                                      |  |
| Landman Name: _____  |  | Phone Number: _____                  |  |
| Date Onsite Request Received: _____  |  | Date of Rule 306 Consultation: _____ |  |
| Request LGD Attendance: _____  |  |                                      |  |
| <b>LGD Contact Information:</b>  |  |                                      |  |
| Name: _____  |  | Phone Number: _____                  |  |
|  |  | Agreed to Attend: _____              |  |
| <b>Summary of Landowner Issues:</b>  |  |                                      |  |
|  |  |                                      |  |
| <b>Summary of Operator Response to Landowner Issues:</b>                                 |  |                                      |  |
|  |  |                                      |  |
| <b>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</b> |  |                                      |  |
|  |  |                                      |  |

**Facility**

|                       |            |                       |            |                  |
|-----------------------|------------|-----------------------|------------|------------------|
| Facility ID: 244544   | Type: WELL | API Number: 123-12339 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b> |            |                       |            |                  |
| Comment: PR           |            |                       |            |                  |

**Environmental**

|                                   |                              |                               |
|-----------------------------------|------------------------------|-------------------------------|
| <b>Spills/Releases:</b>           |                              |                               |
| Type of Spill: _____              | Description: _____           | Estimated Spill Volume: _____ |
| Comment: _____                    |                              |                               |
| Corrective Action: _____          |                              | Date: _____                   |
| Reportable: _____                 | GPS: Lat _____               | Long _____                    |
| Proximity to Surface Water: _____ | Depth to Ground Water: _____ |                               |

|                        |                   |       |       |
|------------------------|-------------------|-------|-------|
| <b>Water Well:</b>     |                   | Lat   | Long  |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : | _____ |

|                          |
|--------------------------|
| <b>Field Parameters:</b> |
|                          |
| 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? \_\_\_\_\_ 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? \_\_\_\_\_ 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-CroplandTop soil replaced Pass Recontoured Pass 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 \_\_\_\_\_

Inspector Name: Gomez, Jason

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  
Y \_\_\_\_\_

Corrective Date: \_\_\_\_\_

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT