

**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:  
04/10/2015

Document Number:  
674102209

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                      |                          |             |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection       | 2A Doc Num: |
|                     | <u>243240</u> | <u>319299</u> | <u>Rickard, Jeff</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |  |
|-----------------------|--|
| OGCC Operator Number: | <u>100322</u>                                    |
| Name of Operator:     | <u>NOBLE ENERGY INC</u>                          |
| Address:              | <u>1625 BROADWAY STE 2200</u>                    |
| City:                 | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |

- 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   |         |
| Pavelka, Linda |       | LPavelka@nobleenergyinc.com |         |

**Compliance Summary:**

QtrQtr: NWNE Sec: 22 Twp: 4N Range: 64W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 11/06/2008 | 200198293 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 02/26/2001 | 200014609 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 01/08/2001 | 200013275 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 03/04/1994 | 500166472 |            | PR          |                               |          | Pass           |                 |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name   | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|-----------------|-------------|-------------------------------------|
| 243240      | WELL | PR     | 01/22/2010  | OW         | 123-11031 | VOLKENS 31-22   | PR          | <input checked="" type="checkbox"/> |
| 418933      | WELL | PR     | 04/01/2011  | OW         | 123-32074 | Lang C22-28D    | PR          | <input checked="" type="checkbox"/> |
| 418945      | WELL | PR     | 04/01/2011  | OW         | 123-32077 | Coleman C22-18D | PR          | <input checked="" type="checkbox"/> |

**Equipment:**

Location Inventory

|  |
|--|
|  |
|--|

Inspector Name: Rickard, Jeff

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: _____   | Wells: <u>3</u>     | 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**

**Signs/Marker:**

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

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

**Spills:**

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

Multiple Spills and Releases?

**Fencing/:**

| Type     | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|----------|------------------------------|---------|-------------------|---------|
| WELLHEAD | SATISFACTORY                 |         |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|-----------------------------|---|------------------------------|---------|-------------------|---------|
| Plunger Lift                | 3 | SATISFACTORY                 |         |                   |         |
| Gas Meter Run               | 1 | SATISFACTORY                 |         |                   |         |
| Horizontal Heated Separator | 4 | SATISFACTORY                 |         |                   |         |
| Emission Control Device     | 1 | SATISFACTORY                 |         |                   |         |

**Facilities:**

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

| Contents  | # | Capacity | Type      | SE GPS                |
|-----------|---|----------|-----------|-----------------------|
| CRUDE OIL | 4 | 300 BBLS | STEEL AST | 40.304800,-104.534000 |

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 Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

**Facilities:**       New Tank      Tank ID: \_\_\_\_\_

| Contents           | #            | Capacity  | Type        | SE GPS                |
|--------------------|--------------|-----------|-------------|-----------------------|
| PRODUCED WATER     | 4            | <100 BBLS | BV CONCRETE | 40.304800,-104.534000 |
| S/A/V:             | SATISFACTORY |           | Comment:    |                       |
| Corrective Action: |              |           |             | Corrective Date:      |

**Paint**

|           |  |
|-----------|--|
| Condition |  |
|-----------|--|

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: 243240

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

| Group | User     | Comment  | Date       |
|-------|----------|--|------------|
| OGLA  | koepsear | Best management practices shall be in place to ensure that fluid and/or sediment from the location does not enter the ditch located to the East. | 08/06/2010 |
| OGLA  | koepsear | Location is in a sensitive area because of shallow groundwater; therefore, either a lined drilling pit or closed loop system is required.        | 08/06/2010 |

**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: 243240 Type: WELL API Number: 123-11031 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA: [ ]

CA Date:

Facility ID: 418933 Type: WELL API Number: 123-32074 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA: [ ]

CA Date:

Facility ID: 418945 Type: WELL API Number: 123-32077 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Braden head is exposed at surface.

CA: [ ]

CA Date:

**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: IRRIGATED

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? 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? \_\_\_\_\_ 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: IRRIGATED \_\_\_\_\_

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: Rickard, Jeff

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