

**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

Inspection Date:

08/03/2016

Document Number:

685500335

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	419658	419653	MONTOYA, JOHN	<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
		NBL_DJBU_Inspections@NB LENERGY.COM	ALL INSPECTIONS

**Compliance Summary:**QtrQtr: NESW Sec: 6 Twp: 3N Range: 64W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/18/2015	671104777	PR	PR	SATISFACTORY			No
05/03/2013	668300132	PR	SI	<b>ACTION REQUIRED</b>	P		No

**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
419656	WELL	PR	04/21/2011	OW	123-32301	AMEN PC D 06-18D	PR	<input checked="" type="checkbox"/>
419658	WELL	PR	04/01/2011	GW	123-32302	HOFF PC D 06-21	PR	<input checked="" type="checkbox"/>
419662	WELL	PR	03/18/2011	GW	123-32304	SHELTON PC D 06-32D	PR	<input checked="" type="checkbox"/>
419693	WELL	PR	03/18/2011	GW	123-32322	SMITH PC D 06-20D	PR	<input checked="" type="checkbox"/>

**Equipment:****Location Inventory**

Special Purpose Pits: _____	Drilling Pits: _____	Wells: <u>4</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**

<b>Lease Road:</b>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
Main	SATISFACTORY			

<b>Signs/Marker:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

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

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

<b>Good Housekeeping:</b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

<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	ROD IRON FENCE ON ALL 4 WELLSSE CORNERN40.15238 W-104.35635		

<b>Equipment:</b>				
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required:	SATISFACTORY	
Comment	SE CORNER N40.15278 W-104.35625			
Corrective Action				Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	CHEMICAL PUMP, CONTAINER, STORAGE TANK SE CORNER N40.15278 W-104.35625			
Corrective Action				Date:
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Emission Control Device	# 2	Satisfactory/Action Required:	SATISFACTORY	

Comment	SE CORNER N40.15278 W-104.35625		
Corrective Action			Date:
Type: Gas Meter Run	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment	SE CORNER N40.15278 W-104.35625		
Corrective Action			Date:

<b>Facilities:</b>	<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity
CRUDE OIL	4	300 BBLS
Type	STEEL AST	
SE GPS	40.152930,-104.356090	
S/AR	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				

<b>Facilities:</b>	<input type="checkbox"/> New Tank	Tank ID: _____
Contents	#	Capacity
PRODUCED WATER	4	<100 BBLS
Type	CONCRETE SUMP/VAULT	
SE GPS	,	
S/AR	SATISFACTORY	Comment: 4-60 CONCRETE VAULTS CAPACITY 60 BBLS
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				

Venting:

Yes/No	NO
Comment	

**Flaring:**

Type	Ignitor/Combustor	Satisfactory/Action Required	<b>SATISFACTORY</b>
Comment:			
Corrective Action:		Correct Action Date:	

**Predrill**

Location ID: 419658

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

**S/AR:** \_\_\_\_\_

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

**Form 2A COAs:**

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AR:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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: 419656 Type: WELL API Number: 123-32301 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**Comment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date: Facility ID: 419658 Type: WELL API Number: 123-32302 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date: Facility ID: 419662 Type: WELL API Number: 123-32304 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **BRADENHEAD PLUMBED TO SURFACE**CA: CA Date: Facility ID: 419693 Type: WELL API Number: 123-32322 Status: PR Insp. Status: PR**Producing Well**Comment: **PR****BradenHead**Comment: **BRADENHEAD PLUMBED TO 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): 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. Waste and Debris removed? 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 marked? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

1003b. Area no longer in use? \_\_\_\_\_ Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

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 \_\_\_\_\_

Inspector Name: MONTOYA, JOHN

Debris removed _____	No disturbance /Location never built _____
Access Roads _____	Regraded _____
Gravel removed _____	Contoured _____
Location and associated production facilities reclaimed _____	Culverts removed _____
Compaction alleviation _____	Locations, facilities, roads, recontoured _____
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"/>

<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass	Gravel	Pass			

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

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

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

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

COGCC Comments		
Comment	User	Date
INTERMITTER CONTROLLERS ON ALL 4 WELLS	montoyaj	08/03/2016