

**FORM  
INSP**Rev  
X/15**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:

05/16/2018

Submitted Date:

05/16/2018

Document Number:

675000590**FIELD INSPECTION FORM**

Loc ID 328516 Inspector Name: Duran, Alicia On-Site Inspection ☐ 2A Doc Num: \_\_\_\_\_

**Operator Information:**OGCC Operator Number: 100322Name of Operator: NOBLE ENERGY INCAddress: 1001 NOBLE ENERGY WAYCity: HOUSTON State: TX Zip: 77070**Status Summary:**☐ THIS IS A FOLLOW UP INSPECTION☒ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**5 Number of Comments1 Number of Corrective Actions☒ Corrective Action Response Requested**Contact Information:**

| Contact Name | Phone | Email                                  | Comment |
|--------------|-------|--|---------|
| ,            |       | NBL_DJBU_Inspections@NB<br>LENERGY.COM |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 248286      | WELL | SI     | 01/01/2017  | GW         | 123-16084 | DABNEY G 25-3 | SI          |

**General Comment:**

**Location**Overall Good: ☒

|                      |          |       |  |
|----------------------|----------|-------|--|
| <b>Signs/Marker:</b> |          |       |  |
| Type                 | WELLHEAD |       |  |
| Comment:             |          |       |  |
| Corrective Action:   |          | Date: |  |

|                           |             |  |  |
|---------------------------|-------------|--|--|
| Emergency Contact Number: |             |  |  |
| Comment:                  |             |  |  |
| Corrective Action:        | Date: _____ |  |  |

|                           |                                   |       |            |
|---------------------------|-----------------------------------|-------|------------|
| <b>Good Housekeeping:</b> |                                   |       |            |
| Type                      | WEEDS                             |       |            |
| Comment:                  | Weeds around wellhead. See photo. |       |            |
| Corrective Action:        | Comply with Rule 603.f .          | Date: | 05/26/2018 |

Overall Good: ☐

|                |      |        |  |  |  |
|----------------|------|--------|--|--|--|
| <b>Spills:</b> |      |        |  |  |  |
| Type           | Area | Volume |  |  |  |

In Containment: No

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

☐ Multiple Spills and Releases?

|                    |          |       |  |
|--------------------|----------|-------|--|
| <b>Fencing/:</b>   |          |       |  |
| Type               | WELLHEAD |       |  |
| Comment:           | Panel    |       |  |
| Corrective Action: |          | Date: |  |

|                    |     |       |                 |
|--------------------|-----|-------|-----------------|
| <b>Equipment:</b>  |     |       | corrective date |
| Type: Plunger Lift | # 1 |       |                 |
| Comment:           |     |       |                 |
| Corrective Action: |     | Date: |                 |

**Tanks and Berms:**

| Contents           | #                                  | Capacity | Type                | Tank ID | SE GPS                |
|--------------------|------------------------------------|----------|---------------------|---------|-----------------------|
|                    |                                    |          | CENTRALIZED BATTERY |         | 40.286770,-104.613540 |
| Comment:           | Shared facility with API#123-16085 |          |                     |         |                       |
| Corrective Action: |                                    |          |                     | Date:   |                       |

**Paint**

|                  |  |  |  |  |  |
|------------------|--|--|--|--|--|
| Condition        |  |  |  |  |  |
| Other (Content)  |  |  |  |  |  |
| Other (Capacity) |  |  |  |  |  |
| Other (Type)     |  |  |  |  |  |

**Berms**

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
|------|----------|---------------------|---------------------|-------------|

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

**Venting:**

|                    |    |  |       |
|--------------------|----|--|-------|
| Yes/No             | NO |  |       |
| Comment:           |    |  |       |
| Corrective Action: |    |  | Date: |

**Flaring:**

|                    |  |  |       |
|--------------------|--|--|-------|
| Type               |  |  |       |
| Comment:           |  |  |       |
| Corrective Action: |  |  | Date: |

| Inspected Facilities  |        |       |      |             |           |         |    |               |    |
|---|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:  | 248286 | Type: | WELL | API Number: | 123-16084 | Status: | SI | Insp. Status: | SI |
| Idle Well   |        |       |      |             |           |         |    |               |    |
| Purpose: <input checked="" type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____ |        |       |      |             |           |         |    |               |    |
| Comment: <input type="text" value="SI"/>  |        |       |      |             |           |         |    |               |    |
| Corrective Action: <input type="text"/> Date: _____   |        |       |      |             |           |         |    |               |    |
| BradenHead  |        |       |      |             |           |         |    |               |    |
| Comment: <input type="text" value="Plumbed to surface."/>   |        |       |      |             |           |         |    |               |    |
| Corrective Action: <input type="text"/> Date: _____   |        |       |      |             |           |         |    |               |    |



**Reclamation - Storm Water - Pit****Storm Water:**

| Loc Erosion BMPs | BMP Maintenance | Lease Road Erosion BMPs | Lease BMP Maintenance | Chemical BMPs | Chemical BMP Maintenance | Comment |
|------------------|-----------------|-------------------------|-----------------------|---------------|--------------------------|---------|
| Gravel           | Pass            | Gravel                  | Pass                  |               |                          |         |

Comment: Corrective Action: Date: **Pits:** ☐ NO SURFACE INDICATION OF PIT**Attached Documents**You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description          | URL   |
|--------------|----------------------|---|
| 401643179    | INSPECTION SUBMITTED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4465411">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4465411</a> |
| 675000591    | Photo of Wellhead    | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4465409">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4465409</a> |