

**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:

06/12/2018

Submitted Date:

06/12/2018

Document Number:

684905510**FIELD INSPECTION FORM**
 Loc ID 326799 Inspector Name: Pesicka, Conor On-Site Inspection ☐ 2A Doc Num:
Status Summary:

- ☒ THIS IS A FOLLOW UP INSPECTION
- ☒ FOLLOW UP INSPECTION REQUIRED
- ☐ NO FOLLOW UP INSPECTION REQUIRED

Findings:14 Number of Comments2 Number of Corrective Actions☒ Corrective Action Response Requested**Operator Information:**OGCC Operator Number: 100322Name of Operator: NOBLE ENERGY INCAddress: 1001 NOBLE ENERGY WAYCity: HOUSTON State: TX Zip: 77070**Contact Information:**

Contact Name	Phone	Email	Comment
,		NBL_DJBU_Inspections@NB LENERGY.COM	All Inspections

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
245896	WELL	SI	08/01/2015	GW	123-13691	LILLI UNIT 16-6	TA

General Comment:

Location

Overall Good: ☒

Signs/Marker:			
Type	TANK LABELS/PLACARDS		
Comment:	No capacity on produced water vault		
Corrective Action:	Install sign to comply with rule 210.d.	Date:	08/13/2018
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	BATTERY		
Comment:	10-6 is PA		
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	barbed wire		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	barbed wire		
Corrective Action:		Date:	
Type	PUMP JACK		
Comment:	barbed wire		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Ancillary equipment	# 1		
Comment:	solar & telemetry		
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		

Comment:		unlit while SI		Date:	
Corrective Action:				Date:	
Type: Pump Jack	# 1				
Comment:				Date:	
Corrective Action:				Date:	
Type: Vertical Separator	# 1				
Comment:				Date:	
Corrective Action:				Date:	
Type: Deadman # & Marked	# 4				
Comment:				Date:	
Corrective Action:				Date:	
Type: Vertical Heater Treater	# 1				
Comment:				Date:	
Corrective Action:				Date:	
Type: Prime Mover	# 1				
Comment:		engine		Date:	
Corrective Action:				Date:	
Type: Gas Meter Run	# 1				
Comment:				Date:	
Corrective Action:				Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLS	PBV CONCRETE		40.684810,-103.896070
Comment:		capacity from prior inspection			
Corrective Action:				Date:	

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)	60bbl	
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficent	Base Sufficent	Adequate	
Comment:					
Corrective Action:				Date:	
Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	3	300 BBLS	STEEL AST		40.684810,-103.896070
Comment:					
Corrective Action:				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	
Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected FacilitiesFacility ID: 245896 Type: WELL API Number: 123-13691 Status: SI Insp. Status: TA**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg _____ Previous Test Pressure _____ MPP _____
(e.g. 30 psig or -30" Hg) Inj Zone: DSNDTC: Pressure or inches of Hg _____ Previous Test Pressure _____ Last MIT: 11/22/2013Brhd: Pressure or inches of Hg _____ Previous Test Pressure _____ AnnMTReq: YESComment: Currently on production. TA. Requires MIT before 11/22/2018.

Corrective Action: _____ Date: _____

Method of Injection: _____

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: EQUIPMENT PRESENT/DISCONNECTEDComment: TA. MIT required for UIC program well.

Corrective Action: _____ Date: _____

BradenHeadComment: Bradenhead plumbed to surface.

Corrective Action: _____ 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	Fail	Gravel	Pass			

Comment: [Stormwater erosion S of wellhead](#)Corrective Action: [Install or repair required BMPs per Rule 1002.f.](#)

Date: 08/28/2017

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
401671589	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4492897
684905511	Site photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4492884