

**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:

05/08/2020

Submitted Date:

05/08/2020

Document Number:

696301798

FIELD INSPECTION FORMLoc ID 326953 Inspector Name: PETRIE, ERICA On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

OGCC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 1001 NOBLE ENERGY WAY

City: HOUSTON State: TX Zip: 77070

Status Summary:

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

Findings:

9 Number of Comments

2 Number of Corrective Actions

☒ Corrective Action Response Requested**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE****Contact Information:**

| Contact Name | Phone | Email | Comment |
|--------------|-------|--|---------|
| Koehler, Bob | | bob.koehler@state.co.us | |
| , | | NBL_DJBU_Inspections@NB LENERGY.COM | |

Inspected Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|----------------|-------------|
| 246114 | WELL | SI | 11/01/2018 | ERIW | 123-13911 | LILLI UNIT 8-7 | SI |

General Comment:

This is a UIC WELL inspection.
Annual UIC inspection.
Wells: 1 UIC well: Shut-In | SI.

LocationOverall Good: ☒

| | | | |
|----------------------|----------|-------|--|
| Signs/Marker: | | | |
| Type | WELLHEAD | | |
| Comment: | Adequate | | |
| Corrective Action: | | Date: | |

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

| | | | |
|---------------------------|---|-------|------------|
| Good Housekeeping: | | | |
| Type | UNUSED EQUIPMENT | | |
| Comment: | Unmarked Riser at Wellhead, see photos | | |
| Corrective Action: | Comply with Rule 603.f. | Date: | 06/12/2020 |
| Type | WEEDS | | |
| Comment: | Weed encroachment at wellsite. Refer to Rule 603.f. See photos | | |
| Corrective Action: | Remove, manage, & control weeds around wellsite. Comply with Rule 603.f. | Date: | 06/12/2020 |

Overall Good: ☐

| | | | | |
|--|------|--------|--|--|
| Spills: | | | | |
| Type | Area | Volume | | |
| In Containment: No | | | | |
| Comment: | | | | |
| <input type="checkbox"/> Multiple Spills and Releases? | | | | |

| | | | |
|--------------------|----------|-------|--|
| Fencing/: | | | |
| Type | WELLHEAD | | |
| Comment: | Panels | | |
| Corrective Action: | | Date: | |

| | | | |
|---------------------|--------------------------------------|-------|-----------------|
| Equipment: | | | corrective date |
| Type: Other | # 1 | | |
| Comment: | Wellhead: w/ Master & casing valves. | | |
| Corrective Action: | | Date: | |
| Type: Bradenhead | # 1 | | |
| Comment: | Appears to be plumbed to surface | | |
| Corrective Action: | | Date: | |
| Type: Gas Meter Run | # 1 | | |
| Comment: | | | |
| Corrective Action: | | Date: | |

| | | | |
|-----------------|--|--|--|
| Venting: | | | |
| Yes/No | | | |

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

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

Inspected FacilitiesFacility ID: 246114 Type: WELL API Number: 123-13911 Status: SI Insp. Status: SI**Underground Injection Control**UIC Violation: _____ Maximum Injection Pressure: 800UIC Routine

Inj./Tube: Pressure or inches of Hg 395 Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: DSND

TC: Pressure or inches of Hg 108 Previous Test Pressure _____ Last MIT: 10/04/2018

Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: _____

Comment: Annual UIC inspection.
 Shut-In | SI.
 Records indicate last injection date: 10/2018.
 Injection line to well connected at time of inspection.
 Tbg. Press: 395#
 Csg. Press: 108#
 Bradenhead Press: 0#
 Last MIT: 10/04/2018.
 Max Pressure: 800
 Method of Injection: Compressor

Corrective Action: _____ Date: _____

Method of Injection: _____

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

Insp. Status: _____

Comment: _____

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 | Pass | Gravel | Pass | | | |

Comment: Corrective Action: Date: **Pits:** ☒ NO SURFACE INDICATION OF PIT**COGCC Comments**

| Comment | User | Date |
|--|--------|------------|
| Routine Annual UIC Field Inspection. | petrie | 05/08/2020 |

Attached DocumentsYou can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

| Document Num | Description | URL |
|--------------|-------------|---|
| 696301799 | Photos | http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5145954 |