

FORM  
INSPRev  
X/20

# 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:

05/17/2022

Submitted Date:

05/17/2022

Document Number:

690009346

## FIELD INSPECTION FORM

Loc ID 336417 Inspector Name: Carlile, Craig 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:**2 Number of Comments0 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 |
|--------------|-------|---|---------|
|              |       | rbucogccinspectionreports@c<br>hevron.onmicrosoft.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|
| 292024      | WELL | TA     | 04/01/2019  | OW         | 123-26213 | DECHANT 21-25 | TA          |

**General Comment:**

**Location**

Overall Good:

**Signs/Marker:**

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

**Equipment:**

|                    |     |  |  |       |                 |  |
|--------------------|-----|--|--|-------|-----------------|--|
|                    |     |  |  |       | corrective date |  |
| Type: Plunger Lift | # 1 |  |  |       |                 |  |
| Comment:           |     |  |  |       |                 |  |
| Corrective Action: |     |  |  | Date: |                 |  |

**Tanks and Berms:**

| Contents           | # | Capacity | Type | Tank ID | SE GPS                |  |
|--------------------|---|----------|------|---------|-----------------------|--|
|                    |   |          |      |         | 40.241980,-104.608270 |  |
| Comment:           |   |          |      |         |                       |  |
| 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: 292024 Type: WELL API Number: 123-26213 Status: TA Insp. Status: TA

**Idle Well**

Purpose:  Shut In  Temporarily Abandoned Reminder: \_\_\_\_\_

Comment:

Corrective Action:

Date: \_\_\_\_\_

**COGCC Comments**

| Comment   | User     | Date       |
|---|----------|------------|
| <a href="#">Routine wellhead inspection.</a><br><a href="#">Battery facility request submitted.</a> | carlilec | 05/17/2022 |

**Attached Documents**

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

| Document Num | Description | URL   |
|--------------|-------------|---|
| 690009347    | Photo       | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5755803">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5755803</a> |