

FORM INSP
Rev 05/11

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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|----|----|----|----|
| DE | ET | OE | ES |
|----|----|----|----|

Inspection Date:
12/09/2011

Document Number:
658500008

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

| | | | | |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID | Loc ID | Tracking Type | Inspector Name: |
| | <u>245932</u> | <u>326827</u> | | <u>HICKEY, MIKE</u> |

Operator Information:

| | | | |
|-----------------------|-------------------------------|-------------------|-------------------------|
| OGCC Operator Number: | <u>100322</u> | Name of Operator: | <u>NOBLE ENERGY INC</u> |
| Address: | <u>1625 BROADWAY STE 2200</u> | | |
| City: | <u>DENVER</u> | State: | <u>CO</u> |
| | | Zip: | <u>80202</u> |

Contact Information:

| Contact Name | Phone | Email | Comment |
|----------------|-------|-----------------------------|---------|
| LINDA, PAVELKA | | lpavelka@nobleenergyinc.com | |

Compliance Summary:

| QtrQtr: | <u>SWNE</u> | Sec: | <u>34</u> | Twp: | <u>6N</u> | Range: | <u>64W</u> |
|------------|-------------|------------|-------------|------------------------------|-----------|----------------|-----------------|
| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
| 12/12/1997 | 500170210 | PR | PR | | | | |
| 04/05/2007 | 200108785 | PR | PR | S | | P | N |

Inspector Comment:

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name |
|-------------|------|--------|-------------|------------|-----------|-----------------|
| 245932 | WELL | PR | 04/27/2005 | OW | 123-13727 | PETRIKIN A 34-7 |

Equipment:

Location Inventory

| | | | |
|------------------------------|------------------------|---------------------|-------------------------|
| Special Purpose Pits: _____ | Drilling Pits: _____ | Wells: _____ | Production Pits: _____ |
| Condensate Tanks: _____ | Water Tanks: _____ | Separators: _____ | Electric Motors: _____ |
| Gas or Diesel Mortors: _____ | 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

| | |
|--|------------------------|
| Emergency Contact Number: <u>(S/U/V)</u> _____ | Corrective Date: _____ |
| Comment: _____ | |
| Corrective Action: _____ | |

Spills:

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|------|------|--------|-------------------|---------|

Multiple Spills and Releases?

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

| | | | | |
|-----------------|-----------------------------|---------|-------------------|---------|
| Flaring: | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| | | | | |

| | |
|--|--------------------------------------|
| Predrill | |
| Location ID: <u>326827</u> | |
| Site Preparation: | |
| Lease Road Adeq.: _____ | Pads: _____ |
| Soil Stockpile: _____ | |
| Corrective Action: _____ | Date: _____ CDP Num.: _____ |
| Form 2A COAs: | |
| Wildlife BMPs: | |
| Stormwater: | |
| Comment: _____ | |
| Staking: | |
| On Site Inspection (305): | |
| <u>Surface Owner Contact Information:</u> | |
| Name: _____ | Address: _____ |
| Phone Number: _____ | Cell Phone: _____ |
| <u>Operator Rep. Contact Information:</u> | |
| Landman Name: _____ | Phone Number: _____ |
| Date Onsite Request Received: _____ | Date of Rule 306 Consultation: _____ |
| Request LGD Attendance: _____ | |
| <u>LGD Contact Information:</u> | |
| Name: _____ | Phone Number: _____ |
| | Agreed to Attend: _____ |
| <u>Summary of Landowner Issues:</u> | |
| | |
| <u>Summary of Operator Response to Landowner Issues:</u> | |
| | |
| <u>Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:</u> | |
| | |

| | |
|-------------|--|
| Well | |
| | |

Facility ID: 245932 API Number: 123-13727 Status: PR Insp. Status: PA

Cement

Cement Contractor

Contractor Name: Halliburton Contractor Phone: _____

Surface Casing

Cement Volume (sxs): _____ Circulate to Surface: _____
Cement Fall Back: _____ Top Job, 1" Volume: _____

Intermediate Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Production Casing

Cement Volume (sxs): _____ Good Return During Job: _____

Plugging Operations

Depth Plugs(feet range): 2506 Cement Volume (sxs): 100
Good Return During Job: _____ Cement Type: _____

Comment: Top perf @ 6544. Set CIBP @ 6444' w/ 2 sx on top. Shot off and pulled 162 jts (2476') 4-1/2" 15.10# casing. Collars were significantly corroded. Set 100sx 15.6ppg-15.8ppg class G @ 2506'. 2nd plug; tubing run to 824'. Plugged with 15.7-15.8 ppg Class G to surface. 8-5/8" surface csg. set at 250'. Maintained good circulation throughout.

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

S/V: _____ CA Date: _____

CA: _____

Comment: _____

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: _____

Comment: _____

1003a. Debris removed? _____ CM _____

CA _____ CA Date _____

Waste Material Onsite? _____ CM _____

CA _____ CA Date _____

Unused or unneeded equipment onsite? _____ CM _____

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? _____ CM _____

CA _____ CA Date _____

Guy line anchors removed? _____ CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

1003c. Compacted areas have been cross ripped? _____

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

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: _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Inspector Name: HICKEY, MIKE

Non cropland: Revegetated 80% _____

Cropland: perennial forage _____

Weeds present _____

Subsidence _____

Comment: _____

Corrective Action: _____

Date _____

Overall Final Reclamation

Storm Water:

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

S/U/V: _____

Corrective Date: _____

Comment: _____

CA: _____