

**FORM INSP**  
Rev 05/11

**State of Colorado  
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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

Inspection Date:  
05/22/2012

Document Number:  
661601459

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

|                     |               |               |               |                                      |
|---------------------|---------------|---------------|---------------|--------------------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>MONTOYA, JOHN</u> |
|                     | <u>300420</u> | <u>333284</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 |
|----------------|-------|-----------------------------|---------|
| Pavelka, Linda |       | LPavelka@nobleenergyinc.com |         |

**Compliance Summary:**

|                     |                |                |                   |
|---------------------|----------------|----------------|-------------------|
| QtrQtr: <u>NWSE</u> | Sec: <u>14</u> | Twp: <u>5N</u> | Range: <u>67W</u> |
|---------------------|----------------|----------------|-------------------|

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/16/2009 | 200205904 | PR         | WO          | S                            | I        |                | N               |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name  |   |
|-------------|------|--------|-------------|------------|-----------|----------------|---|
| 251547      | WELL | PR     |             | OW         | 123-19350 | BASS N 14-16   | X |
| 251622      | WELL | PR     |             | OW         | 123-19425 | BASS N 14-9    | X |
| 251623      | WELL | PR     |             | OW         | 123-19426 | BASS N 14-10   | X |
| 300041      | WELL | PR     |             | OW         | 123-29602 | ROACH N 14-23  | X |
| 300315      | WELL | PR     |             | OW         | 123-29669 | Roach N 14-10  | X |
| 300316      | WELL | PR     |             | OW         | 123-29670 | ROACH N 14-15  | X |
| 300420      | WELL | PR     | 01/06/2010  | OW         | 123-29725 | ROACH N 14-21  | X |
| 300569      | WELL | PR     |             | OW         | 123-29765 | ROACH N 13-33  | X |
| 301323      | WELL | PR     | 01/06/2010  | OW         | 123-29956 | ROACH N 14-18D | X |

**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**

| <b>Signs/Marker:</b> |                             |         |                   |         |
|----------------------|-----------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD             | Satisfactory                |         |                   |         |
| BATTERY              | Satisfactory                |         |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

Corrective Action: \_\_\_\_\_

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                             |              |                   |         |
|------------------|-----------------------------|--------------|-------------------|---------|
| Type             | Satisfactory/Unsatisfactory | Comment      | Corrective Action | CA Date |
| TANK BATTERY     | Satisfactory                |              |                   |         |
| WELLHEAD         | Satisfactory                |              |                   |         |
| OTHER            | Satisfactory                | Pig launcher |                   |         |
| SEPARATOR        | Satisfactory                |              |                   |         |

| <b>Equipment:</b>           |   |                             |         |                   |         |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Emission Control Device     | 2 | Satisfactory                |         |                   |         |
| Gas Meter Run               | 6 | Satisfactory                |         |                   |         |
| Pig Station                 | 1 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 5 | Satisfactory                |         |                   |         |
| Pig Station                 | 9 | Satisfactory                |         |                   |         |
| Bird Protectors             | 7 | Satisfactory                |         |                   |         |

|                    |          |                                   |                     |                  |
|--------------------|----------|-----------------------------------|---------------------|------------------|
| <b>Facilities:</b> |          | <input type="checkbox"/> New Tank | Tank ID: _____      |                  |
| Contents           | #        | Capacity                          | Type                | SE GPS           |
| PRODUCED WATER     | 5        | <100 BBLS                         | CONCRETE SUMP/VAULT | ,                |
| S/U/V:             | Comment: |                                   |                     |                  |
| Corrective Action: |          |                                   |                     | Corrective Date: |
| <u>Paint</u>       |          |                                   |                     |                  |
| Condition          | Adequate |                                   |                     |                  |
| Other (Content)    | _____    |                                   |                     |                  |
| Other (Capacity)   | _____    |                                   |                     |                  |
| Other (Type)       | _____    |                                   |                     |                  |
| <u>Berms</u>       |          |                                   |                     |                  |
| Type               | Capacity | Permeability (Wall)               | Permeability (Base) | Maintenance      |
| Earth              | Adequate | Walls Sufficient                  | Base Sufficient     | Adequate         |
| Corrective Action  |          |                                   |                     | Corrective Date  |
| Comment            |          |                                   |                     |                  |

|                    |          |                                   |                     |                        |
|--------------------|----------|-----------------------------------|---------------------|------------------------|
| <b>Facilities:</b> |          | <input type="checkbox"/> New Tank | Tank ID: _____      |                        |
| Contents           | #        | Capacity                          | Type                | SE GPS                 |
| CRUDE OIL          | 6        | 300 BBLS                          | STEEL AST           | 40.396660, -104.860050 |
| S/U/V:             | Comment: |                                   |                     |                        |
| Corrective Action: |          |                                   |                     | Corrective Date:       |
| <u>Paint</u>       |          |                                   |                     |                        |
| Condition          | Adequate |                                   |                     |                        |
| Other (Content)    | _____    |                                   |                     |                        |
| Other (Capacity)   | _____    |                                   |                     |                        |
| Other (Type)       | _____    |                                   |                     |                        |
| <u>Berms</u>       |          |                                   |                     |                        |
| Type               | Capacity | Permeability (Wall)               | Permeability (Base) | Maintenance            |
| Earth              | Adequate | Walls Sufficient                  | Base Sufficient     | Adequate               |
| Corrective Action  |          |                                   |                     | Corrective Date        |
| Comment            |          |                                   |                     |                        |

|                 |         |
|-----------------|---------|
| <b>Venting:</b> |         |
| Yes/No          | Comment |
| NO              |         |

|                   |                             |         |                   |         |
|-------------------|-----------------------------|---------|-------------------|---------|
| <b>Flaring:</b>   |                             |         |                   |         |
| Type              | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| Ignitor/Combustor |                             |         |                   |         |

**Predrill**

Location ID: 333284

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:**

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

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

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

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Stormwater:**

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

**Staking:**

**On Site Inspection (305):**

Surface Owner Contact Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Operator Rep. Contact Information:

Landman Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Date Onsite Request Received: \_\_\_\_\_ Date of Rule 306 Consultation: \_\_\_\_\_

Request LGD Attendance: \_\_\_\_\_

LGD Contact Information:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Agreed to Attend: \_\_\_\_\_

Summary of Landowner Issues:

\_\_\_\_\_

Summary of Operator Response to Landowner Issues:

\_\_\_\_\_

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

\_\_\_\_\_

**Facility**

Facility ID: 251547 API Number: 123-19350 Status: PR Insp. Status: PR

Facility ID: 251622 API Number: 123-19425 Status: PR Insp. Status: PR

Facility ID: 251623 API Number: 123-19426 Status: PR Insp. Status: PR

Facility ID: 300041 API Number: 123-29602 Status: PR Insp. Status: PR

Facility ID: 300315 API Number: 123-29669 Status: PR Insp. Status: PR

Facility ID: 300316 API Number: 123-29670 Status: PR Insp. Status: PR

|                     |                       |            |                  |
|---------------------|-----------------------|------------|------------------|
| Facility ID: 300420 | API Number: 123-29725 | Status: PR | Insp. Status: PR |
| Facility ID: 300569 | API Number: 123-29765 | Status: PR | Insp. Status: PR |
| Facility ID: 301323 | API Number: 123-29956 | Status: PR | Insp. Status: PR |

**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 \_\_\_\_\_

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: \_\_\_\_\_