

**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:  
05/23/2012

Document Number:  
661601474

Overall Inspection:  
Satisfactory

**FIELD INSPECTION FORM**

|                     |               |               |               |                                      |
|---------------------|---------------|---------------|---------------|--------------------------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name: <u>MONTOYA, JOHN</u> |
|                     | <u>283148</u> | <u>305875</u> |               |                                      |

**Operator Information:**

OGCC Operator Number: 100322 Name of Operator: NOBLE ENERGY INC  
Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202

**Contact Information:**

| Contact Name   | Phone | Email                       | Comment |
|----------------|-------|-----------------------------|---------|
| Pavelka, Linda |       | LPavelka@nobleenergyinc.com |         |

**Compliance Summary:**

QtrQtr: NENE Sec: 30 Twp: 5N Range: 67W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 09/24/2008 | 200196040 | PR         | PR          | S                            | I        |                | N               |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 276895      | WELL | PR     |             | OW         | 123-22861 | BETZ 30-11    | <input type="checkbox"/>            |
| 276900      | WELL | PR     |             | OW         | 123-22862 | BETZ 30-14    | <input checked="" type="checkbox"/> |
| 283148      | WELL | PR     | 11/29/2010  | GW         | 123-23608 | BETZ 30-15    | <input checked="" type="checkbox"/> |

**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                |         |                   |         |
| CONTAINERS           | Satisfactory                |         |                   |         |

|                      |              |  |  |  |
|----------------------|--------------|--|--|--|
| TANK LABELS/PLACARDS | Satisfactory |  |  |  |
|----------------------|--------------|--|--|--|

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

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

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

**Spills:**

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

**Fencing/:**

| Type      | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------|-----------------------------|---------|-------------------|---------|
| WELLHEAD  | Satisfactory                |         |                   |         |
| SEPARATOR | Satisfactory                |         |                   |         |

**Equipment:**

| Type                        | # | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|-----------------------------|---|-----------------------------|---------|-------------------|---------|
| Gas Meter Run               | 2 | Satisfactory                |         |                   |         |
| Horizontal Heated Separator | 2 | Satisfactory                |         |                   |         |
| Pig Station                 | 1 | Satisfactory                |         |                   |         |
| Bird Protectors             | 3 | Satisfactory                |         |                   |         |
| Plunger Lift                | 3 | Satisfactory                |         |                   |         |
| Emission Control Device     | 1 | Satisfactory                |         |                   |         |

**Facilities:**  New Tank Tank ID: \_\_\_\_\_

| Contents       | # | Capacity | Type                | SE GPS |
|----------------|---|----------|---------------------|--------|
| PRODUCED WATER | 1 | <50 BBLS | CONCRETE SUMP/VAULT | ,      |

S/U/V: \_\_\_\_\_ Comment: \_\_\_\_\_

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

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

**Berms**

| Type  | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|-------|----------|---------------------|---------------------|-------------|
| Metal | 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          | 2                           | 300 BBLS                          | STEEL AST           | 40.376010,-104.928650 |  |
| S/U/V:             | Comment:                    |                                   |                     |                       |  |
| Corrective Action: |                             |                                   |                     | Corrective Date:      |  |
| <b>Paint</b>       |                             |                                   |                     |                       |  |
| Condition          | Adequate                    |                                   |                     |                       |  |
| Other (Content)    | _____                       |                                   |                     |                       |  |
| Other (Capacity)   | _____                       |                                   |                     |                       |  |
| Other (Type)       | _____                       |                                   |                     |                       |  |
| <b>Berms</b>       |                             |                                   |                     |                       |  |
| Type               | Capacity                    | Permeability (Wall)               | Permeability (Base) | Maintenance           |  |
| Metal              | 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: 305875

**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: 276900 API Number: 123-22862 Status: PR Insp. Status: PR

Facility ID: 283148 API Number: 123-23608 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: \_\_\_\_\_

|                        |                   |             |
|------------------------|-------------------|-------------|
| <b>Water Well:</b>     | Lat               | Long        |
| DWR Receipt Num: _____ | Owner Name: _____ | GPS : _____ |

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