

Inspector Name: HICKEY, MIKE

**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 |
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Inspection Date:

06/14/2012

Document Number:

667600453

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                     |
|---------------------|---------------|---------------|---------------|---------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:     |
|                     | <u>299395</u> | <u>302551</u> |               | <u>HICKEY, MIKE</u> |

**Operator Information:**OGCC Operator Number: 100322 Name of Operator: NOBLE ENERGY INCAddress: 1625 BROADWAY STE 2200City: DENVERState: COZip: 80202**Contact Information:**

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

**Compliance Summary:**QtrQtr: NWSE Sec: 16 Twp: 3N Range: 66W**Inspector Comment:**

Routine inspection of API #05-123-29347, Olin State L 16-24. Weed control is required at the wellhead.

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name      |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------|-------------------------------------|
| 299395      | WELL | PR     | 01/23/2009  | GW         | 123-29347 | OLIN STATE L 16-24 | <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 Motors: _____ | 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**

| Signs/Marker: |                             |         |                   |         |
|---------------|-----------------------------|---------|-------------------|---------|
| Type          | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
| WELLHEAD      | Satisfactory                |         |                   |         |
| BATTERY       | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) Satisfactory

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

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

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

**Good Housekeeping:**

| Type  | Satisfactory/Unsatisfactory | Comment | Corrective Action              | CA Date    |
|-------|-----------------------------|---------|--------------------------------|------------|
| WEEDS | Unsatisfactory              |         | Control weeds at the wellhead. | 07/31/2012 |

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|  |  |                             |                     |                  |
|--|--|-----------------------------|---------------------|------------------|
| <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          |
| WELLHEAD   | Satisfactory   |                             |                     |                  |
| <b>Equipment:</b>  |  |                             |                     |                  |
| Type   | #  | Satisfactory/Unsatisfactory | Comment             | CA Date          |
| Plunger Lift   | 1  | Satisfactory                |                     |                  |
| <b>Facilities:</b> <input type="checkbox"/> New Tank      Tank ID: _____ |  |                             |                     |                  |
| Contents   | #  | Capacity                    | Type                | SE GPS           |
| CRUDE OIL  |  |                             |                     | ,                |
| S/U/V:   | Comment: Shared battery. See API #05-123-14844 for battery inspection. |                             |                     |                  |
| Corrective Action:   |  |                             |                     | Corrective Date: |
| <b>Paint</b>   |  |                             |                     |                  |
| Condition  |  |                             |                     |                  |
| Other (Content)  |  |                             |                     |                  |
| Other (Capacity)   |  |                             |                     |                  |
| Other (Type)   |  |                             |                     |                  |
| <b>Berms</b>   |  |                             |                     |                  |
| Type   | Capacity   | Permeability (Wall)         | Permeability (Base) | Maintenance      |
|  |  |                             |                     |                  |
| Corrective Action  |  |                             |                     | Corrective Date  |
| Comment  |  |                             |                     |                  |
| <b>Venting:</b>  |  |                             |                     |                  |
| Yes/No   | Comment  |                             |                     |                  |
|  |  |                             |                     |                  |
| <b>Flaring:</b>  |  |                             |                     |                  |
| Type   | Satisfactory/Unsatisfactory  | Comment                     | Corrective Action   | CA Date          |
|  |  |                             |                     |                  |

**Predrill**

Location ID: 302551

**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:**

|              |         |            |         |
|--------------|---------|------------|---------|
| Erosion BMPs | Present | Other BMPs | Present |
|              |         |            |         |

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

Comments: Erosion BMPs: \_\_\_\_\_

Other BMPs: \_\_\_\_\_

**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: 299395 Type: WELL API Number: 123-29347 Status: PR Insp. Status: PR

**Producing Well**

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

**Environmental****Spills/Releases:**

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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:**

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

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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: \_\_\_\_\_