

**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:

01/29/2013

Document Number:

670500347

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |               |                      |
|---------------------|---------------|---------------|---------------|----------------------|
| Location Identifier | Facility ID   | Loc ID        | Tracking Type | Inspector Name:      |
|                     | <u>248671</u> | <u>328818</u> |               | <u>MONTOYA, JOHN</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 | 303-506-4592 | LPavelka@nobleenergyinc.com |         |

**Compliance Summary:**QtrQtr: NWSW Sec: 13 Twp: 4N Range: 66W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/01/2012 | 661600783 |            |             | S                            |          |                | N               |
| 06/30/2010 | 200258158 | PR         | PR          | S                            |          |                | N               |
| 02/01/2005 | 200065904 | PR         | PR          | S                            |          | P              | N               |
| 04/14/1998 | 500173685 | PR         | PR          |                              |          |                |                 |

**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name     |                                     |
|-------------|------|--------|-------------|------------|-----------|-------------------|-------------------------------------|
| 248671      | WELL | PR     | 12/02/2011  | GW         | 123-16472 | HUNGENBERG 13-12F | <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                |         |                   |         |

Inspector Name: MONTOYA, JOHN

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

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

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

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

**Spills:**

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

☐ Multiple Spills and Releases?

**Fencing/:**

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

WELLHEAD Satisfactory

**Equipment:**

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

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

| Contents       | # | Capacity  | Type                | SE GPS |
|----------------|---|-----------|---------------------|--------|
| PRODUCED WATER | 1 | <100 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 |
|-------|----------|---------------------|---------------------|-------------|
| 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              | 1                           | 300 BBLS                          | STEEL AST           | 40.050340,-104.481650 |  |
| 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           |  |
| 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      | Satisfactory                |                                   |                     |                       |  |

**Predrill**

Location ID: 328818

**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: 248671 Type: WELL API Number: 123-16472 Status: PR Insp. Status: PR

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

Type of Spill: \_\_\_\_\_ Description: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Inspector Name: MONTOYA, JOHN

|   |  |                              |            |
|---|--|------------------------------|------------|
| Comment: <input style="width:700px" type="text"/>         |  |                              |            |
| 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 : _____                  |            |
| <b>Field Parameters:</b>                                  |  |                              |            |
| <input style="width:300px" type="text"/>                  |  |                              |            |
| Sample Location: <input style="width:400px" type="text"/> |  |                              |            |
| Emission Control Burner (ECB): _____                      |  |                              |            |
| Comment: _____  |  |                              |            |
| Pilot: _____  | Wildlife Protection Devices (fired vessels): _____ |                              |            |

**Reclamation - Storm Water - Pit**

|  |   |  |   |
|--|---|--|---|
| <b>Interim Reclamation:</b>                          |   |  |   |
| Date Interim Reclamation Started: _____              |   | Date Interim Reclamation Completed: _____        |   |
| Land Use: _____                                      |   |  |   |
| Comment: <input style="width:700px" type="text"/>    |   |  |   |
| 1003a.   | Debris removed? <u>Pass</u> CM _____  |  |   |
|  | CA _____  | CA Date _____                                    |   |
|  | Waste Material Onsite? <u>Pass</u> CM _____   |  |   |
|  | CA _____  | CA Date _____                                    |   |
|  | Unused or unneeded equipment onsite? <u>Pass</u> CM _____   |  |   |
|  | CA _____  | CA Date _____                                    |   |
|  | Pit, cellars, rat holes and other bores closed? <u>Pass</u> CM _____  |  |   |
|  | CA _____  | CA Date _____                                    |   |
|  | Guy line anchors removed? <u>Pass</u> CM _____  |  |   |
|  | CA _____  | CA Date _____                                    |   |
|  | Guy line anchors marked? _____ CM _____   |  |   |
|  | CA _____  | CA Date _____                                    |   |
|  |   |  |   |
| 1003b.   | Area no longer in use? _____  | Production areas stabilized ? <u>Pass</u>        |   |
| 1003c. Compacted areas have been cross ripped? _____ |   |  |   |
| 1003d.   | Drilling pit closed? <u>Pass</u>  | Subsidence over on drill pit? <u>Pass</u>        |   |
| Cuttings management: _____                           |   |  |   |
| 1003e.   | Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? <u>Pass</u> |  |   |
|  | Production areas have been stabilized? <u>Pass</u>  | Segregated soils have been replaced? <u>Pass</u> |   |
| RESTORATION AND REVEGETATION                         |   |  |   |
| <u>Cropland</u>                                      |   |  |   |
|  | Top soil replaced <u>Pass</u>   | Recontoured <u>Pass</u>                          | Perennial forage re-established <u>Pass</u> |

Inspector Name: MONTOYA, JOHN

Non-Cropland

Top soil replaced \_\_\_\_\_

Recontoured \_\_\_\_\_

80% Revegetation \_\_\_\_\_

1003 f. Weeds Noxious weeds? \_\_\_\_\_ P \_\_\_\_\_

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

Overall Interim Reclamation Pass

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

Multi-Well Location ☐

**Storm Water:**

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

S/U/V: Satisfactory \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

CA: \_\_\_\_\_