

**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:

06/06/2013

Document Number:

670501304

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |               |               |                      |  |
|---------------------|---------------|---------------|----------------------|--|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection                         |
|                     | <u>239360</u> | <u>317541</u> | <u>MONTOYA, JOHN</u> | <input type="checkbox"/> 2A Doc Num: _____ |

**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:**Qtr/Qtr: SWSW Sec: 30 Twp: 4N Range: 63W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 07/19/1998 | 500160895 | SR         | DA          |                              | P        | P              | N               |
| 02/06/1998 | 500160893 | PR         | PR          |                              |          |                |                 |
| 07/23/1997 | 500160892 | HR         | DA          |                              | P        | P              | N               |

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

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name            |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------|-------------------------------------|
| 239360      | WELL | PR     | 05/26/2011  | OW         | 123-07147 | SPIKE STATE CC 30-13     | <input checked="" type="checkbox"/> |
| 413336      | WELL | AL     | 01/25/2012  |            | 123-30675 | COLORADO STATE CC 30-33D | <input type="checkbox"/>            |

**Equipment:**Location Inventory

|                              |                         |                      |                         |
|------------------------------|-------------------------|----------------------|-------------------------|
| Special Purpose Pits: _____  | Drilling Pits: <u>2</u> | Wells: <u>2</u>      | Production Pits: _____  |
| Condensate Tanks: _____      | Water Tanks: <u>1</u>   | Separators: <u>2</u> | Electric Motors: _____  |
| Gas or Diesel Mortors: _____ | Cavity Pumps: _____     | LACT Unit: _____     | Pump Jacks: _____       |
| Electric Generators: _____   | Gas Pipeline: <u>1</u>  | Oil Pipeline: _____  | Water Pipeline: _____   |
| Gas Compressors: _____       | VOC Combustor: <u>2</u> | Oil Tanks: <u>2</u>  | Dehydrator Units: _____ |
| Multi-Well Pits: _____       | Pigging Station: _____  | Flare: _____         | Fuel Tanks: _____       |

**Location****Signs/Marker:**

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

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

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

Inspector Name: MONTOYA, JOHN

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

**Equipment:**

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

Plunger Lift 1 Satisfactory

**Venting:**

| Yes/No | Comment |
|--------|---------|
|--------|---------|

**Flaring:**

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

**Predrill**

Location ID: 317541

**Site Preparation:**

Lease Road Adeq.: Pads: Soil Stockpile:

Corrective Action: Date: CDP Num.:

**Form 2A COAs:**

**Comment:**

**CA:**

**Date:**

**Wildlife BMPs:**

| BMP Type      | Comment   |
|---------------|---|
| PROPOSED BMPs | <p>Stormwater management plans (SWMP) are in place to address construction, drilling and operations associated with Oil &amp; Gas development throughout the state of Colorado in accordance with Colorado Department of Public Health and Environment (CDPHE) General Permit No. COR- 039527. BMP's will be constructed around the perimeter of the site prior to, or at the beginning of construction. BMP's used will vary according to the location, and will remain in place until the pad reaches final reclamation.</p> <p>Spill Prevention Control and Countermeasures (SPCC) plans are in place to address any possible spill associated with Oil &amp; Gas operations throughout the state of Colorado in accordance with CFR 112.</p> <p>Housekeeping will consist of neat and orderly storage of materials and fluids. Wastes will be temporarily stored in sealed containers and regularly collected and disposed of at offsite, suitable facilities. If spills occur prompt cleanup is required to minimize any commingling of waste materials with stormwater runoff. Routine maintenance will be limited to fueling and lubrication of equipment. Drip pans will be used during routine fueling and maintenance to contain spills or leaks. Any waste product from maintenance will be containerized and transported offsite for disposal or recycling. There will be no major equipment overhauls conducted onsite. Equipment will be transported offsite for major overhauls. Cleanup of trash and discarded materials will be conducted at the end of each work day. Cleanup will consist of patrolling the roadway, access areas, and other work areas to pickup trash, scrap debris, other discarded materials, and any contaminated soil. These materials will be disposed of properly.</p> |

**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:

Inspector Name: MONTOYA, JOHN

|  |                                      |                         |
|--|--------------------------------------|-------------------------|
| 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> |                                      |                         |
| _____  |                                      |                         |

**Facility**

|                       |            |                       |            |                  |
|-----------------------|------------|-----------------------|------------|------------------|
| Facility ID: 239360   | Type: WELL | API Number: 123-07147 | Status: PR | Insp. Status: PR |
| <b>Producing Well</b> |            |                       |            |                  |
| Comment: 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: DRY LAND                      |   |
| Comment: _____                          |   |

1003a. Debris removed? Pass CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Waste Material Onsite? Pass CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Unused or unneeded equipment onsite? Pass CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Pit, cellars, rat holes and other bores closed? Pass CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Guy line anchors removed? Pass CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_  
 Guy line anchors marked? \_\_\_\_\_ CM \_\_\_\_\_  
 CA \_\_\_\_\_ CA Date \_\_\_\_\_

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

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

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

Cuttings management: \_\_\_\_\_

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? Pass

Production areas have been stabilized? Pass Segregated soils have been replaced? Pass

#### RESTORATION AND REVEGETATION

##### Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

##### Non-Cropland

Top soil replaced Pass Recontoured Pass 80% Revegetation Pass

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: DRY LAND

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: \_\_\_\_\_

Inspector Name: MONTOYA, JOHN

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              |
|----------------------|----------------------|-------------------------|-----------------------|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/>    | <input type="text"/>  | <input type="text"/> | <input type="text"/>     | <input type="text"/> |

S/U/V:  Corrective Date:

Comment:

CA: