

Inspector Name: QUINT, CRAIG

**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:

06/27/2013

Document Number:

668601023

Overall Inspection:

Unsatisfactory**FIELD INSPECTION FORM**

| | | | | |
|---------------------|---------------|---------------|---------------------|--|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection |
| | <u>260605</u> | <u>304369</u> | <u>QUINT, CRAIG</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 | 303-228-4048 | lpavelka@nobleenergyinc.com | |
| Ledet, Dave | 970-848-0331 off | dledet@nobleenergyinc.com | |

Compliance Summary:QtrQtr: SWNW Sec: 12 Twp: 1S Range: 46W

| Insp. Date | Doc Num | Insp. Type | Insp Status | Satisfactory /Unsatisfactory | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|------------------------------|----------|----------------|-----------------|
| 03/30/2010 | 200239891 | PR | PR | S | | | N |
| 06/19/2002 | 200036108 | PR | PR | S | | P | N |

Inspector Comment:

THERE HAVE BEEN NO PLUGGING RECORDS SUBMITTED TO COGCC. SUBMIT A SUBSEQUENT FORM 6 ALONG WITH CEMENT AND WIRELINE TICKETS.

Related Facilities:

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------------------------------|
| 260605 | WELL | PR | 09/19/2011 | GW | 125-08316 | PARISET 12-12 | <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: _____ |

LocationEmergency Contact Number: (S/U/V) _____

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

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☐ Multiple Spills and Releases?

Venting:

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

| | | | | | |
|------------------------|-----------------------------|---------|-------------------|---------|--|
| <u>Flaring:</u> | | | | | |
| Type | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date | |
| | | | | | |

Predrill

Location ID: 304369

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: 260605 Type: WELL API Number: 125-08316 Status: PR Insp. Status: PA

Environmental**Spills/Releases:**

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____

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| | | | |
|---|--|------------------------------|------------|
| Comment: <input style="width: 700px;" type="text"/> | | | |
| 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: | | | |
| <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

| | | | |
|---|---|---|--|
| Interim Reclamation: | | | |
| Date Interim Reclamation Started: _____ | | Date Interim Reclamation Completed: _____ | |
| Land Use: _____ | | | |
| Comment: <input style="width: 750px;" type="text"/> | | | |
| 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 | | | |
| <u>Cropland</u> | | | |
| | Top soil replaced _____ | Recontoured _____ | Perennial forage re-established _____ |

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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 Fail

Pit mouse/rat holes, cellars backfilled Pass

Debris removed Pass

No disturbance /Location never built _____

Access Roads Regraded _____

Contoured _____

Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed Pass

Locations, facilities, roads, recontoured Pass

Compaction alleviation _____

Dust and erosion control _____

Non cropland: Revegetated 80% Pass

Cropland: perennial forage _____

Weeds present Pass

Subsidence Pass

Comment: WELL IS STILL SHOWING AS PRODUCING ALL EQUIPMENT IS GONE AND WELL PLUGGED CAPPED AND BURIED. THERE IS ADEQUATE GRASS COVERAGE BUT NO PLUGGING RECORD ARE ON FILE.

Corrective Action: SUBMIT A SUSEQUENT FORM 6 ALONG WITH CEMENT AND WIRELINE TICKETS.

Date 07/27/2013

Overall Final Reclamation

Fail

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: _____ Corrective Date: _____

Comment: _____

CA: _____