

**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



|    |    |    |    |
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| DE | ET | OE | ES |
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Inspection Date:

07/12/2013

Document Number:

663801257

Overall Inspection:

Satisfactory**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 334384      | 334384 | LONGWORTH, MIKE | <input type="checkbox"/> |             |

**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          |
|------------------|----------------|--------------------------------|------------------|
| Bonkiewicz, Mike | 970-625-1494   | mbonkiewicz@nobleenergyinc.com | District Manager |
| Bruner, Ryan     | (303) 228-4158 | rbruner@nobleenergyinc.com     | Environmental    |

**Compliance Summary:**QtrQtr: SENW Sec: 34 Twp: 7S Range: 95W**Inspector Comment:**

Location being set up to frac 1 stage

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                   |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------------------------|-------------------------------------|
| 298144      | WELL | XX     | 09/16/2011  | LO         | 045-17081 | BATTLEMENT MESA 34-22A (34F)    | <input checked="" type="checkbox"/> |
| 298352      | WELL | XX     | 09/16/2011  | LO         | 045-17153 | BATTLEMENT MESA 34-32A (34Fpad) | <input checked="" type="checkbox"/> |
| 298353      | WELL | AL     | 12/04/2012  | LO         | 045-17154 | Battlement Mesa 34-32B          | <input type="checkbox"/>            |
| 298354      | WELL | XX     | 09/16/2011  | LO         | 045-17155 | BATTLEMENT MESA 34-32C (34F)    | <input checked="" type="checkbox"/> |
| 298355      | WELL | PR     | 04/30/2013  | GW         | 045-17156 | BATTLEMENT MESA 34-32D          | <input checked="" type="checkbox"/> |
| 298356      | WELL | PR     | 04/26/2010  | GW         | 045-17157 | BATTLEMENT MESA 34-31A          | <input checked="" type="checkbox"/> |
| 298357      | WELL | PR     | 07/19/2012  | GW         | 045-17158 | BATTLEMENT MESA 34-31B          | <input checked="" type="checkbox"/> |
| 298358      | WELL | PR     | 11/26/2012  | GW         | 045-17159 | BATTLEMENT MESA 34-31C          | <input checked="" type="checkbox"/> |
| 298359      | WELL | XX     | 10/25/2011  | LO         | 045-17160 | BATTLEMENT MESA 34-31D (34F)    | <input checked="" type="checkbox"/> |
| 298360      | WELL | PR     | 05/01/2012  | GW         | 045-17161 | BATTLEMENT MESA 34-23A          | <input checked="" type="checkbox"/> |
| 298361      | WELL | PR     | 12/29/2009  | GW         | 045-17162 | BATTLEMENT MESA 34-22B          | <input checked="" type="checkbox"/> |
| 298362      | WELL | PR     | 12/15/2009  | GW         | 045-17163 | BATTLEMENT MESA 34-22C          | <input checked="" type="checkbox"/> |
| 298363      | WELL | PR     | 12/29/2009  | GW         | 045-17164 | BATTLEMENT MESA 34-22D          | <input checked="" type="checkbox"/> |
| 298364      | WELL | XX     | 09/16/2011  | LO         | 045-17165 | BATTLEMENT MESA 34-21D (34F)    | <input checked="" type="checkbox"/> |
| 298548      | WELL | PR     | 03/08/2012  | GW         | 045-17152 | BATTLEMENT MESA 34-33A          | <input checked="" type="checkbox"/> |

**Equipment:**Location Inventory

Inspector Name: LONGWORTH, MIKE

|                              |                        |                     |                         |
|------------------------------|------------------------|---------------------|-------------------------|
| 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

#### Lease Road:

| Type   | Satisfactory/Unsatisfactory | comment | Corrective Action | Date |
|--------|-----------------------------|---------|-------------------|------|
| Access | Satisfactory                |         |                   |      |

#### Signs/Marker:

| Type                 | Satisfactory/Unsatisfactory | Comment | Corrective Action | CA Date |
|----------------------|-----------------------------|---------|-------------------|---------|
| BATTERY              | Satisfactory                |         |                   |         |
| TANK LABELS/PLACARDS | Satisfactory                |         |                   |         |
| WELLHEAD             | Satisfactory                |         |                   |         |
| CONTAINERS           | Satisfactory                |         |                   |         |

Emergency Contact Number: (S/U/V) Satisfactory 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 |
|--------------|-----------------------------|---------|-------------------|---------|
| TANK BATTERY | Satisfactory                |         |                   |         |
| SEPARATOR    | Satisfactory                |         |                   |         |
| WELLHEAD     | Satisfactory                |         |                   |         |

#### Equipment:

| Type                        | #  | Satisfactory/Unsatisfactory | Comment                    | Corrective Action | CA Date |
|-----------------------------|----|-----------------------------|----------------------------|-------------------|---------|
| Bird Protectors             | 5  | Satisfactory                |                            |                   |         |
| Plunger Lift                | 9  | Satisfactory                |                            |                   |         |
| Ancillary equipment         |    | Satisfactory                | Frac tanks and CO2 vessels |                   |         |
| Horizontal Heated Separator | 13 | Satisfactory                |                            |                   |         |

Inspector Name: LONGWORTH, MIKE

|                        |                             |                                   |                     |                      |  |
|------------------------|-----------------------------|-----------------------------------|---------------------|----------------------|--|
| <b>Facilities:</b>     |                             | <input type="checkbox"/> New Tank |                     | Tank ID: _____       |  |
| Contents               | #                           | Capacity                          | Type                | SE GPS               |  |
| CONDENSATE             | 5                           | 400 BBLS                          | STEEL AST           | 39.397290,107.983940 |  |
| S/U/V:                 | Satisfactory                |                                   | 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                           |                     |                      |  |
|                        |                             |                                   |                     |                      |  |
| <b>Flaring:</b>        |                             |                                   |                     |                      |  |
| Type                   | Satisfactory/Unsatisfactory | Comment                           | Corrective Action   | CA Date              |  |
|                        |                             |                                   |                     |                      |  |

**Predrill**

Location ID: 334384

**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: 298144 Type: WELL API Number: 045-17081 Status: XX Insp. Status: ND

Facility ID: 298352 Type: WELL API Number: 045-17153 Status: XX Insp. Status: ND

Facility ID: 298354 Type: WELL API Number: 045-17155 Status: XX Insp. Status: ND

Inspector Name: LONGWORTH, MIKE

Facility ID: 298355 Type: WELL API Number: 045-17156 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298356 Type: WELL API Number: 045-17157 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298357 Type: WELL API Number: 045-17158 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well. 1 stage to be frac in the following week(s)

Facility ID: 298358 Type: WELL API Number: 045-17159 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298359 Type: WELL API Number: 045-17160 Status: XX Insp. Status: ND

Facility ID: 298360 Type: WELL API Number: 045-17161 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298361 Type: WELL API Number: 045-17162 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298362 Type: WELL API Number: 045-17163 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298363 Type: WELL API Number: 045-17164 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

Facility ID: 298364 Type: WELL API Number: 045-17165 Status: XX Insp. Status: ND

Facility ID: 298548 Type: WELL API Number: 045-17152 Status: PR Insp. Status: PR

**Producing Well**

Comment: Producing well

**Environmental**

**Spills/Releases:**

Type of Spill: Description: Estimated Spill Volume:

Comment:

Corrective Action: Date:

Inspector Name: LONGWORTH, MIKE

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? In CM \_\_\_\_\_ CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Waste Material Onsite? In CM \_\_\_\_\_ CA \_\_\_\_\_ CA Date \_\_\_\_\_  
Unused or unneeded equipment onsite? In 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? | <u>          P          </u> |
| Comment:                     | <div></div>                  |
| Overall Interim Reclamation  | In Process                   |

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

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

|                            |  |                        |
|----------------------------|--|------------------------|
| S/U/V: <u>Satisfactory</u> |  | Corrective Date: _____ |
| Comment:                   |  |                        |
| CA:                        |  |                        |