

Inspector Name: Sherman, Susan

**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:

06/02/2014

Document Number:

673703740

Overall Inspection:

SATISFACTORY

**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>273818</u>	<u>335625</u>	<u>Sherman, Susan</u>	<input type="checkbox"/>	

**Operator Information:**

OGCC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

- ☐ THIS IS A FOLLOW UP INSPECTION  
☐ FOLLOW UP INSPECTION REQUIRED  
☒ NO FOLLOW UP INSPECTION REQUIRED  
☐ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

**Contact Information:**

Contact Name	Phone	Email	Comment
KOEHLER, BOB		bob.koehler@state.co.us	
Eisterhold, Rachael	(918) 585-1650 X212	regulatory@foundationenergy.com	

**Compliance Summary:**

QtrQtr: NENE Sec: 31 Twp: 1N Range: 45W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
09/04/2013	664001243	IJ	IJ	SATISFACTORY Y			No
07/18/2012	663300316	IJ	IJ	SATISFACTORY Y	I		No
06/30/2011	200314658	MI	AC	SATISFACTORY Y			No
06/15/2010	200255968	RT	AC	SATISFACTORY Y			No
07/09/2009	200214585	RT	AC	SATISFACTORY Y			No
04/18/2008	200130512	RT	AC	SATISFACTORY Y			No
03/06/2007	200106611	RT	AC	SATISFACTORY Y		Pass	No
09/26/2006	200097958	MI	PD	SATISFACTORY Y		Pass	No
01/11/2006	200094776	MI	SI	SATISFACTORY Y		Pass	No
05/02/2005	200070516	MI	PD	SATISFACTORY Y		Pass	No

**Inspector Comment:**

**Related Facilities:**

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Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
100996	PIT		09/23/1999		-	TUSTIN 41-31		<input type="checkbox"/>
159133	UIC DISPOSAL	AC	06/07/2005		-	LEDET SWD #2	AC	<input type="checkbox"/>
159162	UIC DISPOSAL	AC	08/25/2006		-	LEDET SWD 2 - DKTA/LYONS	AC	<input type="checkbox"/>
253743	WELL	PR	09/13/2007	GW	125-07621	TUSTIN 41-31	PR	<input type="checkbox"/>
273818	WELL	IJ	10/31/2005	DSPW	125-08932	BROWN SWD 2	AC	<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/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			
OTHER	SATISFACTORY	lease sign at county road		
CONTAINERS	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

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

Comment: Put on hold to wait for next available operator for <30 seconds.

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

Spills:

Type	Area	Volume	Corrective action	CA Date
Produced Water	WELLHEAD	<= 5 bbls	Remove or remediate stained soil at wellhead. Pumper was contacted and assigned to clean up that day.	06/02/2014

☐ Multiple Spills and Releases?Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	barbed wire		
WELLHEAD	SATISFACTORY	steel panels		

<b>Equipment:</b>					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	9	SATISFACTORY	Chemical container, solar telemetry, 2 triplex pumps, cathodic protection (Class 1 Div 1), compressor next to battery, well house, 2 enardo valves on PW tanks		

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

Contents	#	Capacity	Type	SE GPS
USED OIL	1	OTHER	BV CONCRETE	,

S/A/V: \_\_\_\_\_ Comment: 560 gal

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

Paint

Condition \_\_\_\_\_

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

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

Comment \_\_\_\_\_

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

Contents	#	Capacity	Type	SE GPS
CONDENSATE	2	300 BBLS	FIBERGLASS AST	,

S/A/V: SATISFACTORY Comment: Same berms as produced water tanks. AIRS 125/1986/001. Permit 0844518.

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

Paint

Condition \_\_\_\_\_

Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

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

Comment \_\_\_\_\_

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<b>Facilities:</b>		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	4	400 BBLS	FIBERGLASS AST	40.016330,-102.438720	
S/A/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			
YES					
<b>Flaring:</b>					
Type	Satisfactory/Action Required		Comment	Corrective Action	CA Date

**Predrill**

Location ID: 273818

**Site Preparation:**

Lease Road Adeq.: \_\_\_\_\_ Pads: \_\_\_\_\_ Soil Stockpile: \_\_\_\_\_

**S/A/V:** \_\_\_\_\_

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_ CDP Num.: \_\_\_\_\_

**Form 2A COAs:****S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Wildlife BMPs:****S/A/V:** \_\_\_\_\_ **Comment:** \_\_\_\_\_**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stormwater:****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: 273818 Type: WELL API Number: 125-08932 Status: IJ Insp. Status: AC

**Underground Injection Control**

UIC Violation: \_\_\_\_\_

Maximum Injection Pressure: \_\_\_\_\_

**UIC Routine**Inj./Tube: Pressure or inches of Hg 580 psi  
(e.g. 30 psig or -30" Hg)Previous Test Pressure \_\_\_\_\_ MPP \_\_\_\_\_  
Inj Zone: MRSN

TC: Pressure or inches of Hg 0 psi

Previous Test Pressure \_\_\_\_\_ Last MIT: 06/30/2011

Brhd: Pressure or inches of Hg \_\_\_\_\_

Previous Test Pressure \_\_\_\_\_ AnnMTReq: \_\_\_\_\_

Comment: Pumping at time of reading. Casing pressure 150 psi with air and water on blow out. Air died immediately water continued decreasing to a drip and stopped completely after 2 minutes. Pumper contacted and assigned to modify connection. Permit posted.

Method of Injection: \_\_\_\_\_

Test Type: \_\_\_\_\_

Tbg psi: \_\_\_\_\_

Csg psi: \_\_\_\_\_

BH psi: \_\_\_\_\_

Insp. Status: \_\_\_\_\_

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

**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:**

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: Pasture, sagebrush

1003a. Debris removed? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Waste Material Onsite? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

Unused or unneeded equipment onsite? \_\_\_\_\_ CM \_\_\_\_\_

CA \_\_\_\_\_ CA Date \_\_\_\_\_

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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? \_\_\_\_\_

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 \_\_\_\_\_ Well Release on Active Location ☐ Multi-Well Location ☐

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<b>Storm Water:</b>						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Compaction	Pass	Compaction	Pass	MHSP	Pass	
Gravel	Pass	Gravel	Pass	SR	Pass	

S/A/V: SATISFACTOR  
Y Corrective Date: \_\_\_\_\_

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

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

Pits: ☐ NO SURFACE INDICATION OF PIT

**COGCC Comments**

Comment	User	Date
MSDS's posted.	ShermaSe	06/04/2014