

**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:

07/02/2014

Document Number:

673704619

Overall Inspection:

ACTION REQUIRED**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	204395	320672	Sherman, Susan	<input type="checkbox"/>	

Operator Information:OGCC Operator Number: 100322Name of Operator: NOBLE ENERGY INCAddress: 1625 BROADWAY STE 2200City: 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
Pavelka, Linda	(303) 228-4060	lpavelka@nobleenergyinc.com	

Compliance Summary:QtrQtr: SWNE Sec: 21 Twp: 4S Range: 62W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
08/05/2013	668300625	SI	SI	SATISFACTOR Y	P		No
06/19/2013	668300385	SI	UN	ACTION REQUIRED	P		No
08/15/2012	667600678	SI	SI	SATISFACTOR Y	P		No
08/17/2010	200266913	RT	AC	SATISFACTOR Y			No
08/27/2009	200217227	RT	AC	SATISFACTOR Y			No
08/19/2008	200194038	RT	AC	SATISFACTOR Y			No
12/10/2007	200123274	RT	AC	SATISFACTOR Y			No
12/09/2007	200123273	MI	AC	SATISFACTOR Y			No
08/20/2007	200117756	RT	SI	ACTION REQUIRED			Yes
01/24/2006	200083529	MI	SI	SATISFACTOR Y		Pass	No
08/30/2005	200075874	MI	SI	SATISFACTOR Y		Pass	No
07/26/2005	200074234	RT	AC	ACTION REQUIRED		Fail	Yes
05/12/2004	200054350	MI	AC	SATISFACTOR Y		Pass	No
08/27/2003	200042987	MI	AC	SATISFACTOR Y		Pass	No

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08/19/2003	200042988	RT	AC	ACTION REQUIRED		Fail	Yes
07/10/2002	200028697	RT	AC	SATISFACTOR Y		Pass	No
08/19/2001	200318971	RT	SI	SATISFACTOR Y			No
07/11/2001	1065381	RT	AC	ACTION REQUIRED		Fail	Yes
08/17/2000	896182	MI	AC	SATISFACTOR Y		Pass	No
08/02/2000	896179	RT	AC	ACTION REQUIRED		Fail	Yes
02/08/1996	500134430						

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
150110	UIC DISPOSAL	AC	12/28/1983		-	REEVES 32-21 #4	AC	<input type="checkbox"/>
204395	WELL	SI	12/12/2006	DSPW	005-06480	REEVES 32-21 4	SI	<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 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

<u>Signs/Marker:</u>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY	Propane tank does not have NFPA placard (also on 6/19/2013 inspection). See attached photo. Barrel labeled per 6/19/2013 inspection.	Install sign to comply with rule 210.	08/04/2014
WELLHEAD	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:				
Type	Area	Volume	Corrective action	CA Date
PW/CO	Truck Loadout	<= 5 bbls	See attached photo. Clean stained area on building. Remove or remediate stained soil. Pumper contacted and will get with Noble on action.	08/04/2014

☐ Multiple Spills and Releases?

Equipment:					
Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Ancillary equipment	1	SATISFACTORY	tin shed at wellhead		

Venting:		
Yes/No	Comment	

Flaring:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Inspector Name: Sherman, Susan

Predrill

Location ID: 204395

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: 204395 Type: WELL API Number: 005-06480 Status: SI Insp. Status: SI

Underground Injection Control

UIC Violation: _____

Maximum Injection Pressure: _____

UIC Routine

Inj./Tube: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ MPP _____
 (e.g. 30 psig or -30" Hg) Inj Zone: JSND

TC: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ Last MIT: 08/05/2013

Brhd: Pressure or inches of Hg 0 _____ Previous Test Pressure _____ AnnMTReq: _____

Comment: Very slight blow that died immediately. 2/7/8 in tubing. 5 1/2 in casing.

Method of Injection: GRAVITY FEED _____

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:

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: _____

Comment: _____

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 REVEGETATIONCropland

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 ☐

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass					

Inspector Name: Sherman, Susan

Compaction	Pass	Compaction	Pass	MHSP		
S/A/V:	ACTION REQUIRED		Corrective Date: 08/01/2014			
Comment:	Removed empty barrels.					
CA:	Place methanol MSDS on location. Pumper contacted and said that it is at Noble's office.					
Pits:	<input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT					

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
673704639	Noble Reeves 32-21-4 IJ well sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3382708
673704640	Noble Reeves 32-21-4 Bat sign	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3382709
673704641	Noble Reeves 32-21-4 Bat propane tank	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3382710
673704642	Noble Reeves 32-21-4 Bat barrel label	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3382711
673704644	Noble Reeves 32-21-4 Bat stained area	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3382712