FORM INSP Rev 05/11

# State of Colorado
# Oil and Gas Conservation Commission

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| DE | ET | OE | ES |
|---|---|---|---|
| | | | |

Inspection Date: 08/27/2014

Document Number: 673900485

Overall Inspection: SATISFACTORY

## FIELD INSPECTION FORM

| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection ☐ |
|---|---|---|---|---|
| | 411905 | 413847 | Rains, Bill | 2A Doc Num: |

**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 |
|---|---|---|---|
| HEATHER, FOGEL | | hfogel@nobleenergyinc.com | send all noble inp. to heather |

**Compliance Summary:**

QtrQtr: SESE Sec: 27 Twp: 11N Range: 61W

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num | Facility Name | Insp Status | |
|---|---|---|---|---|---|---|---|---|
| 411905 | WELL | PR | 01/01/2013 | OW | 123-30300 | FABRIZIUS PC 1161-27-44 | PR | ☒ |

**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

**Signs/Marker:**

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

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

Corrective Date:

Inspector Name: Rains, Bill

Comment:

Corrective Action:

**Good Housekeeping:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---|---|---|---|---|
| OTHER | ACTION REQUIRED | FENCING MATERIAL AT WELLHEAD | REMOVE FENCING | 09/10/2014 |

**Spills:**

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

☐ Multilple Spills and Releases?

**Fencing/:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---|---|---|---|---|
| WELLHEAD | SATISFACTORY | PIPE | | |
| TANK BATTERY | SATISFACTORY | WIRE | | |
| PUMP JACK | SATISFACTORY | WIRE | | |

**Equipment:**

| Type | # | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|---|---|---|---|---|---|
| Prime Mover | 3 | SATISFACTORY | GAS ENG | | |
| Veritcal Heater Treater | 2 | SATISFACTORY | | | |
| Vertical Separator | 2 | SATISFACTORY | | | |
| Bird Protectors | 3 | SATISFACTORY | | | |
| Ancillary equipment | 1 | SATISFACTORY | TRANSFER PUMP | | |
| Pump Jack | 3 | SATISFACTORY | | | |
| Gas Meter Run | 3 | SATISFACTORY | | | |
| Emission Control Device | 1 | SATISFACTORY | | | |

Inspector Name: Rains, Bill

**Facilities:** ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|---|---|---|---|---|
| | | | CENTRALIZED BATTERY | , |

| S/A/V: | | Comment: | |
|---|---|---|---|

| 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 |
|---|---|---|---|---|
| PRODUCED WATER | | 100 BBLS | PBV FIBERGLASS | , |

| S/A/V: | SATISFACTORY | Comment: | |
|---|---|---|---|

| 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 | | | |

Inspector Name: Rains, Bill

**Facilities:** ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|---|---|---|---|---|
| OTHER | 1 | 300 BBLS | STEEL AST | , |

| S/A/V: | SATISFACTORY | Comment: | TEST TANK |
|---|---|---|---|

| Corrective Action: | | Corrective Date: | |
|---|---|---|---|

Paint

| Condition | Adequate |
|---|---|

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 |
|---|---|---|---|---|
| PRODUCED WATER | 1 | 500 BBLS | STEEL AST | , |

| S/A/V: | SATISFACTORY | Comment: | |
|---|---|---|---|

| Corrective Action: | | Corrective Date: | |
|---|---|---|---|

Paint

| Condition | Adequate |
|---|---|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|---|---|---|---|---|
| | | | | |

| Corrective Action | | Corrective Date | |
|---|---|---|---|
| Comment | | | |

Inspector Name: Rains, Bill

**Facilities:** ☐ New Tank Tank ID: _____

| Contents | # | Capacity | Type | SE GPS |
|---|---|---|---|---|
| CRUDE OIL | 2 | 500 BBLS | STEEL AST | 40.892530,-104.183360 |

| S/A/V: | SATISFACTORY | Comment: | |
|---|---|---|---|
| Corrective Action: | | Corrective Date: | |

Paint

| Condition | Adequate |
|---|---|

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|---|---|---|---|---|
| Metal | Adequate | Walls Sufficent | Base Sufficient | Adequate |

| Corrective Action | | Corrective Date | |
|---|---|---|---|
| Comment | | | |

| **Venting:** | |
|---|---|
| Yes/No | Comment |
| NO | |

| **Flaring:** | | | | |
|---|---|---|---|---|
| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| | | | | |

Inspector Name: Rains, Bill

## Predrill

Location ID: 411905

**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: 411905 Type: WELL API Number: 123-30300 Status: PR Insp. Status: PR

### Producing Well

Comment: PUMPING UNIT NOT RUNNING AND NO VALVES SHUT

## Environmental

**Spills/Releases:**

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

Comment: _____

Corrective Action: _____ Date: _____

Reportable: _____ GPS: Lat _____ Long _____

Inspector Name: Rains, Bill

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): Y

Comment: _____

Pilot: ON Wildlife Protection Devices (fired vessels): YES

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

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? _____

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? 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 _____

1003 f. Weeds Noxious weeds? _____

Inspector Name: Rains, Bill

Comment:

Overall Interim Reclamation In Process

**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 | Gravel | Pass | MHSP | Pass | |

S/A/V: SATISFACTORY Corrective Date: _____

Comment:

CA:

**Pits:** ☒ NO SURFACE INDICATION OF PIT