

**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:
10/03/2014Document Number:
674101467Overall Inspection:
SATISFACTORY**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	249373	332742	Rickard, Jeffrey	<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		LPavelka@nobleenergyinc.com	
Fogel, Heather		HFogel@nobleenergyinc.com	

Compliance Summary:QtrQtr: NWSE Sec: 2 Twp: 4N Range: 65W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
11/21/2006	200101099	PR	PR	SATISFACTORY		Pass	No
04/18/2001	200016581	PR	PR	SATISFACTORY		Pass	No
01/22/2001	200013512	PR	PR	SATISFACTORY		Pass	No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
248034	WELL	PR	09/29/1998	GW	123-15832	LATHAM 2-42	PR	X
249367	WELL	PR	09/09/1993	GW	123-17169	LOWER LATHAM 2-13G	PR	X
249371	WELL	PR	09/04/2009	GW	123-17174	LOWER LATHAM 2-5G	PR	X
249372	WELL	PR	11/10/2010	GW	123-17175	LOWER LATHAM 2-6G	PR	X
249373	WELL	PR	10/09/2009	GW	123-17176	LOWER LATHAM 2-12G	PR	X
294611	WELL	PR	10/24/2008	GW	123-25518	USED G 2-20	PR	X
294612	WELL	PR	11/07/2008	GW	123-25519	USED G 2-21	PR	X
295115	WELL	PR	10/31/2008	GW	123-25672	USED G 2-25	PR	X

Equipment:**Location Inventory**

Inspector Name: Rickard, Jeffrey

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
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	SATISFACTORY			

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

Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

Type	Area	Volume	Corrective action	CA Date
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☐ Multiple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WELLHEAD	SATISFACTORY			

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Plunger Lift	8	SATISFACTORY			
Emission Control Device	2	SATISFACTORY			
Horizontal Heated Separator	5	SATISFACTORY			
Gas Meter Run	5	SATISFACTORY			

Inspector Name: Rickard, Jeffrey

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	5	300 BBLS	STEEL AST	40.338550,-104.625500
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action	Corrective Date
Comment	

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	5	<100 BBLS	BV CONCRETE	40.338550,-104.625500
S/A/V:	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

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

Corrective Action	Corrective Date
Comment	

Venting:		
Yes/No	Comment	
NO		

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

Predrill

Location ID: 249373

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: 248034 Type: WELL API Number: 123-15832 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder: _____

S/A/V: SATISFACTORY CA Date: _____

CA: _____

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 249367 Type: WELL API Number: 123-17169 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 249371 Type: WELL API Number: 123-17174 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 249372 Type: WELL API Number: 123-17175 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 249373 Type: WELL API Number: 123-17176 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☐ Temporarily Abandoned Reminder:

S/A/V:

CA Date:

CA:

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 294611 Type: WELL API Number: 123-25518 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 294612 Type: WELL API Number: 123-25519 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Facility ID: 295115 Type: WELL API Number: 123-25672 Status: PR Insp. Status: PR

Idle WellPurpose: ☐ Shut In ☒ Temporarily Abandoned Reminder:

S/A/V: SATISFACTORY

CA Date:

CA:

Comment: TA for nearby horizontals.

BradenHead

Comment: Braden head is exposed at surface.

CA:

CA Date:

Environmental**Spills/Releases:**

Type of Spill: Description: Estimated Spill Volume:

Comment:

Corrective Action: Date:

Reportable: GPS: Lat Long

Inspector Name: Rickard, Jeffrey

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): Y _____

Comment: _____

Pilot: OFF _____ 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? _____ 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

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Inspector Name: Rickard, Jeffrey

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

S/A/V: SATISFACTOR
Y

Corrective Date:

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT