

**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 |
|----|----|----|----|

Inspection Date:  
10/27/2015

Document Number:  
680700859

Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                      |                          |             |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection       | 2A Doc Num: |
|                     | <u>288631</u> | <u>336644</u> | <u>Peterson, Tom</u> | <input type="checkbox"/> |             |

**Operator Information:**

|                       |  |
|-----------------------|--|
| OGCC Operator Number: | <u>100322</u>                                    |
| Name of Operator:     | <u>NOBLE ENERGY INC</u>                          |
| Address:              | <u>1625 BROADWAY STE 2200</u>                    |
| City:                 | <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u> |

- 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                |
|--------------|-------|--|------------------------|
|              |       | <u>NBL_DJBU_Inspections@NB LENERGY.COM</u> | <u>All inspections</u> |

**Compliance Summary:**

QtrQtr: SWSE Sec: 12 Twp: 4N Range: 66W

| Insp. Date        | Doc Num          | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|-------------------|------------------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| <u>05/09/2011</u> | <u>200311436</u> | <u>SR</u>  | <u>PR</u>   | <u>SATISFACTORY</u>           | <u>I</u> |                | <u>No</u>       |
| <u>06/30/2010</u> | <u>200258229</u> | <u>PR</u>  | <u>PR</u>   | <u>SATISFACTORY</u>           | <u>I</u> |                | <u>No</u>       |
| <u>05/05/2010</u> | <u>200311393</u> | <u>SR</u>  | <u>PR</u>   | <u>SATISFACTORY</u>           | <u>I</u> |                | <u>No</u>       |

**Inspector Comment:**

**Related Facilities:**

| Facility ID   | Type        | Status    | Status Date       | Well Class | API Num          | Facility Name                    | Insp Status |
|---------------|-------------|-----------|-------------------|------------|------------------|----------------------------------|-------------|
| <u>248659</u> | <u>WELL</u> | <u>PR</u> | <u>01/17/2004</u> | <u>GW</u>  | <u>123-16460</u> | <u>STROMBERGER FEDERAL 34-12</u> | <u>PR</u>   |
| <u>288631</u> | <u>WELL</u> | <u>PR</u> | <u>04/04/2008</u> | <u>GW</u>  | <u>123-24627</u> | <u>STROMBERGER 37-12</u>         | <u>PR</u>   |

**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**

| <b>Signs/Marker:</b> |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |
| BATTERY              | SATISFACTORY                 |         |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/A/V): SATISFACTORY Corrective Date: \_\_\_\_\_

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

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

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | Panel   |                   |         |

| <b>Equipment:</b>           |   |                              |                                  |                   |         |
|-----------------------------|---|------------------------------|----------------------------------|-------------------|---------|
| Type                        | # | Satisfactory/Action Required | Comment                          | Corrective Action | CA Date |
| Emission Control Device     | 1 | SATISFACTORY                 | N40.31992 W-104.27112            |                   |         |
| Gas Meter Run               | 1 | SATISFACTORY                 |                                  |                   |         |
| Horizontal Heated Separator | 3 | SATISFACTORY                 | N40.31982 W-104.72092            |                   |         |
| Ancillary equipment         | 1 | SATISFACTORY                 | ECD scrubber at crude oil tanks. |                   |         |
| LACT                        | 1 | SATISFACTORY                 |                                  |                   |         |
| Plunger Lift                | 1 | SATISFACTORY                 |                                  |                   |         |
| Bird Protectors             | 5 | SATISFACTORY                 |                                  |                   |         |

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

| Contents       | # | Capacity | Type           | SE GPS                |
|----------------|---|----------|----------------|-----------------------|
| PRODUCED WATER | 1 | 100 BBLS | PBV FIBERGLASS | 40.319800,-104.721330 |

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 Sufficient    | Base Sufficient     | Adequate    |

|  |                              |                     |                     |                       |                  |  |
|--|------------------------------|---------------------|---------------------|-----------------------|------------------|--|
| Corrective Action  |                              |                     |                     |                       | Corrective Date  |  |
| Comment  |                              |                     |                     |                       |                  |  |
| <b>Facilities:</b> <input type="checkbox"/> New Tank                      Tank ID: _____ |                              |                     |                     |                       |                  |  |
| Contents   | #                            | Capacity            | Type                | SE GPS                |                  |  |
| CRUDE OIL  | 3                            | 300 BBLS            | STEEL AST           | 40.319800,-104.721330 |                  |  |
| S/AV:  | SATISFACTORY                 |                     | Comment:            |                       |                  |  |
| Corrective Action:   |                              |                     |                     |                       | Corrective Date: |  |
| <u>Paint</u>   |                              |                     |                     |                       |                  |  |
| Condition  | Adequate                     |                     |                     |                       |                  |  |
| Other (Content)  | _____                        |                     |                     |                       |                  |  |
| Other (Capacity)   | _____                        |                     |                     |                       |                  |  |
| Other (Type)   | _____                        |                     |                     |                       |                  |  |
| <u>Berms</u>   |                              |                     |                     |                       |                  |  |
| Type   | Capacity                     | Permeability (Wall) | Permeability (Base) | Maintenance           |                  |  |
| Metal  | Adequate                     | Walls Sufficient    | Base Sufficient     | Adequate              |                  |  |
| Corrective Action  |                              |                     |                     |                       | Corrective Date  |  |
| Comment  |                              |                     |                     |                       |                  |  |
| <b><u>Venting:</u></b>   |                              |                     |                     |                       |                  |  |
| Yes/No   | Comment                      |                     |                     |                       |                  |  |
| NO   |                              |                     |                     |                       |                  |  |
| <b><u>Flaring:</u></b>   |                              |                     |                     |                       |                  |  |
| Type   | Satisfactory/Action Required | Comment             | Corrective Action   | CA Date               |                  |  |
|  |                              |                     |                     |                       |                  |  |

**Predrill**

Location ID: 288631

**Site Preparation:**

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

**S/AV:** \_\_\_\_\_

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

**Form 2A COAs:**

**S/AV:** \_\_\_\_\_ **Comment:** \_\_\_\_\_

**CA:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Wildlife BMPs:**

**S/AV:** \_\_\_\_\_ **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: 288631 Type: WELL API Number: 123-24627 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead is exposed at surface.

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

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

**Environmental**

**Spills/Releases:**

Inspector Name: Peterson, Tom

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): 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? \_\_\_\_\_ 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

Inspector Name: Peterson, Tom

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            | Gravel                  | Pass                  |               |                          |         |

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

Y

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

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

**Pits:**  NO SURFACE INDICATION OF PIT