

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



Inspection Date:
12/22/2015
Document Number:
684900332
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>332767</u>	<u>332767</u>	<u>Pesicka, Conor</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: CSW Sec: 25 Twp: 5N Range: 67W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
<u>275941</u>	<u>WELL</u>	<u>PR</u>	<u>09/01/2007</u>	<u>GW</u>	<u>123-22706</u>	<u>BOOTH N 25-25</u>	<u>PR</u>	<input checked="" type="checkbox"/>
<u>275969</u>	<u>WELL</u>	<u>PR</u>	<u>04/20/2005</u>	<u>OW</u>	<u>123-22709</u>	<u>BOOTH N 25-14</u>	<u>PR</u>	<input checked="" type="checkbox"/>
<u>275970</u>	<u>WELL</u>	<u>PR</u>	<u>07/01/2010</u>	<u>GW</u>	<u>123-22708</u>	<u>BOOTH N 25-13</u>	<u>PR</u>	<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

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
<u>WELLHEAD</u>	<u>SATISFACTORY</u>			
<u>BATTERY</u>	<u>SATISFACTORY</u>			

Inspector Name: Pesicka, Conor

TANK LABELS/PLACARDS	SATISFACTORY			
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Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: _____

Comment: _____

Corrective Action: _____

Spills:

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

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Livestock	SATISFACTORY	ECD, separator, battery		
Panel	SATISFACTORY	Wellhead * 3		

Equipment:

Type: Plunger Lift	# 3	Satisfactory/Action Required:	ACTION REQUIRED
Comment	Booth N 25-14 has stained soil beneath the master valve		
Corrective Action	Repair leaks if any; remove or remediate stained soil		Date: 2/22/2016
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Bird Protectors	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action	Date:		
Type: Gas Meter Run	# 2	Satisfactory/Action Required:	ACTION REQUIRED
Comment	Gas meter runs 235070 and 235071 have not been calibrated in last year		
Corrective Action	Gas meter runs must be calibrated annually; if meter run has been calibrated in last year, email inspector with report attached and update card in meter house.		Date: 2/22/2016

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	<50 BBLS	PBV CONCRETE	40.373140,-104.844420
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Inspector Name: Pesicka, Conor

Other (Content) _____
 Other (Capacity) 48 bbl
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	2	300 BBLS	STEEL AST	40.373140,-104.844420
S/AR	SATISFACTORY		Comment:	
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____
 Other (Capacity) 265 bbl
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Earth	Adequate	Walls Sufficent	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Venting:

Yes/No	NO
Comment	

Flaring:

Type	Satisfactory/Action Required
Comment:	
Corrective Action:	Correct Action Date:

Predrill

Location ID: 332767

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/AR: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Date retrieval failed for the subreport 'Subreport1' located at: \\10.12.100.15\FarmReports\Insp\InspCOA.rdlc. Please check t

S/AR: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

Date retrieval failed for the subreport 'Subreport2' located at: \\10.12.100.15\FarmReports\Insp\InspBMP.rdlc. Please check t

S/AR: _____ **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: 275941 Type: WELL API Number: 123-22706 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface

CA: _____

CA Date: _____

Facility ID: 275969 Type: WELL API Number: 123-22709 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface

CA:

CA Date:

Facility ID: 275970 Type: WELL API Number: 123-22708 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead plumbed to surface

CA:

CA Date:

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): Y

Comment: _____

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

The subreport 'rptInsp13' could not be found at the

Attached Documents

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

Document Num	Description	URL
684900333	Staining beneath master valve on Booth N 25-14	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3747133