

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:
12/24/2015
Document Number:
684900362
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	<u>329379</u>	<u>329379</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: NENE Sec: 23 Twp: 5N Range: 67W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
<u>249464</u>	<u>WELL</u>	<u>PR</u>	<u>03/01/2010</u>	<u>GW</u>	<u>123-17267</u>	<u>PHILLIPS 23-11</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:	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Type				
TANK LABELS/PLACARDS	SATISFACTORY	Fading on produced water placard but still legible		
WELLHEAD	SATISFACTORY			
CONTAINERS	SATISFACTORY	Demulsifier		
BATTERY	SATISFACTORY			

Inspector Name: Pesicka, Conor

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
Panel	SATISFACTORY	wellhead		
Safety	SATISFACTORY	battery, separators, ECD, meter run		

Equipment:

Type: Bird Protectors	# 4	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	ACTION REQUIRED
Comment	Gas meter stations 232719, 236864, 236866, 236865 have all not been calibrated in last year		
Corrective Action	Gas meter runs must be calibrated annually; if meters have been calibrated in last year, email inspector with attached reports and update meter cards in meter run house		Date: 2/24/2016
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Plunger Lift	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
OTHER	1	<50 BBLS	OTHER	40.391490,-104.853290
S/AR	SATISFACTORY	Comment:	Demulsifier	
Corrective Action:				Corrective Date:
Paint				
Condition	Adequate			
Other (Content)	_____			

Inspector Name: Pesicka, Conor

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: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	4	<100 BBLS	PBV CONCRETE	40.406380,-104.835630

S/AR SATISFACTORY Comment: _____
 Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____
 Other (Capacity) 60 bbl
 Other (Type) _____

Berms

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

Corrective Action: **Maintain berm** Corrective Date: **02/24/2016**
 Comment: **Animal burrows in berm**

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	300 BBLS	STEEL AST	40.406380,-104.835630

S/AR SATISFACTORY Comment: _____
 Corrective Action: _____ Corrective Date: _____

Paint

Condition Adequate

Other (Content) _____
 Other (Capacity) _____
 Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Inadequate	Walls Sufficient	Base Insufficient	Inadequate

Corrective Action: **Maintain berm** Corrective Date: **02/24/2016**
 Comment: **Animal burrows at berm**

Venting:

Yes/No NO
 Comment: _____

Flaring:

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

Predrill

Location ID: 329379

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\cFormReports\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\cFormReports\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: 249464 Type: WELL API Number: 123-17267 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
684900363	Burrow at base of berm	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3748224