

**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:

680701157

Overall Inspection:

SATISFACTORY w/ CMT
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	256124	330873	Peterson, Tom	<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
		NBL_DJBU_Inspections@NB LENERGY.COM	All inspections

Compliance Summary:QtrQtr: NESE Sec: 26 Twp: 4N Range: 67W

Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
04/08/2015	674102204	PR	PR	SATISFACTORY			No
01/23/2015	674102031	PR	SI	ACTION REQUIRED			No
12/04/2014	674101830	PR	PR	ACTION REQUIRED			No
10/25/2013	673800064	PR	FR	SATISFACTORY	P		No

Inspector Comment:**Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
256124	WELL	PR	04/25/2005	OW	123-19808	SCOTTDAL 26-41	PR	<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 Motors: _____	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			
TANK LABELS/PLACARDS	ACTION REQUIRED	No placarding exists at produced water vault. See attached photo.	Install sign to comply with rule 210.	02/26/2016
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/AR): ACTION Corrective Date: 02/26/2016

Comment: Outdated emergency contact number on battery and wellhead signs. See attached photos.

Corrective Action: Add updated emergency contact number to battery and wellhead signs.

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	ACTION REQUIRED	Barbed wire fencing has been damaged on south side of tank battery. See attached photo.	Repair fencing.	02/26/2016
Panel	SATISFACTORY	Wellhead		

Equipment:				
Type: Bird Protectors	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Ancillary equipment	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment	ECD scrubber at crude oil tank and automation array.			
Corrective Action				Date:
Type: Gas Meter Run	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	N40.28774 W-104.85021			
Corrective Action				Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment	N40.28172 W-104.85019			
Corrective Action				Date:
Type: Plunger Lift	# 1	Satisfactory/Action Required:	SATISFACTORY	
Comment				

Inspector Name: Peterson, Tom

Corrective Action			Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment	N40.28173 W-104.85019		
Corrective Action			Date:

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV CONCRETE	40.281760,-104.850490

S/AR	SATISFACTORY	Comment:	Unknown capacity
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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action			Corrective Date
Comment			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.281760,-104.850490

S/AR	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
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate

Corrective Action			Corrective Date
Comment			

Venting:

Yes/No	NO
Comment	

Flaring:

Type		Satisfactory/Action Required
Comment:		

Inspector Name: Peterson, Tom

Corrective Action:

Correct Action
Date:

Predrill

Location ID: 256124

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.rdlx. 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.rdlx. 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: 256124

Type: WELL

API Number: 123-19808

Status: PR

Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: Bradenhead 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 _____

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

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
680701158	Fencing	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3748284
680701159	Battery sign emergency contact number	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3748285
680701160	Produced water vault placarding	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3748286
680701161	Wellhead sign emergency contact number	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3748287