

**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:

02/03/2016

Document Number:

684900514

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	336587	336587	Pesicka, Conor	<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: 23 Twp: 5N Range: 64W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
250303	WELL	PR	02/01/2013	OW	123-18106	UPRC 23-9H4	PR	<input checked="" type="checkbox"/>
250307	WELL	PA	02/13/2014	OW	123-18110	UPRC 23-16H4	PA	<input type="checkbox"/>
250364	WELL	PR	08/07/2009	OW	123-18167	MONFORT 24-6H4	PR	<input checked="" type="checkbox"/>
250372	WELL	PR	12/27/2011	OG	123-18175	FERGUSON 24-5H4	PR	<input checked="" type="checkbox"/>
251083	WELL	PR	06/02/2011	OW	123-18886	UPV 23-1H4	PR	<input checked="" type="checkbox"/>
251084	WELL	PR	08/02/2011	GW	123-18887	UPV 23-8H4	PR	<input checked="" type="checkbox"/>
290681	WELL	PR	07/13/2007	OW	123-25191	CHEWY B 23-23	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 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><u>Lease Road:</u></b>				
Type	Satisfactory/Action Required	comment	Corrective Action	Date
<b><u>Signs/Marker:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
BATTERY	SATISFACTORY			
CONTAINERS	SATISFACTORY	methanol		
TANK LABELS/PLACARDS	ACTION REQUIRED	No produced water capacity on sign	Install sign to comply with rule 210.	04/04/2016
WELLHEAD	SATISFACTORY			
Emergency Contact Number (S/AR): <u>SATISFACTORY</u> Corrective Date: <u> </u>				
Comment: <u> </u>				
Corrective Action: <u> </u>				
<b><u>Good Housekeeping:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	Unused equipment between meter runs	Remove or put into use	08/03/2016
<b><u>Spills:</u></b>				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				
<b><u>Fencing/:</u></b>				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK BATTERY	SATISFACTORY	wire		
SEPARATOR	SATISFACTORY	wire; contains ECDs, meter runs, methanol pump		
WELLHEAD	SATISFACTORY	agricultural * 6		
<b><u>Equipment:</u></b>				
Type: Emission Control Device	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	One out of service, but still connected in			
Corrective Action				Date: <span style="color: red;"> </span>
Type: Pig Station	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date: <span style="color: red;"> </span>
Type: Horizontal Heated Separator	# 3	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date: <span style="color: red;"> </span>
Type: Plunger Lift	# 7	Satisfactory/Action Required: <u> </u>		

Comment			
Corrective Action		Date:	
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment		methanol pump	
Corrective Action		Date:	
Type: Bird Protectors	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	
Type: Gas Meter Run	# 3	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action		Date:	

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

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	1	300 BBLS	STEEL AST	40.381970,-104.509740

S/AR	SATISFACTORY	Comment:	Paint adequate due to distance from public road Battery for 123-18886, 123-18887
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Corrective Action:		Corrective Date:	
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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	
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Comment	
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**Facilities:** ☐ New Tank Tank ID: \_\_\_\_\_

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	PBV CONCRETE	40.381970,-104.509740

S/AR	SATISFACTORY	Comment:	Battery for 123-18886, 123-18887
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Corrective Action:		Corrective Date:	
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Paint

Condition	Adequate
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Other (Content) \_\_\_\_\_

Other (Capacity) \_\_\_\_\_

Other (Type) \_\_\_\_\_

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
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Inspector Name: Pesicka, Conor

Comment		Shared with crude oil							
<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____					
Contents		#	Capacity	Type		SE GPS			
PRODUCED WATER		2	<100 BBLS	PBV CONCRETE		40.381740,-104.508900			
S/AR	SATISFACTORY	Comment: Battery for 123-18106, 123-18110, 123-18167, 123-18175, 123-25191							
Corrective Action:							Corrective Date:		
<u>Paint</u>									
Condition		Adequate							
Other (Content) _____									
Other (Capacity) 60bbl									
Other (Type) _____									
<u>Berms</u>									
Type		Capacity	Permeability (Wall)	Permeability (Base)	Maintenance				
Corrective Action							Corrective Date		
Comment		Shared with crude oil							
<b>Facilities:</b>		<input type="checkbox"/> New Tank		Tank ID: _____					
Contents		#	Capacity	Type		SE GPS			
CRUDE OIL		3	300 BBLS	STEEL AST		40.381740,-104.508900			
S/AR	SATISFACTORY	Comment: Paint adequate due to distance from public roads Battery for 123-18106, 123-18110, 123-18167, 123-18175, 123-25191							
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				
Earth		Adequate	Walls Sufficent	Base Sufficient	Adequate				
Corrective Action							Corrective Date		
Comment									
<b><u>Venting:</u></b>									
Yes/No	NO								
Comment									
<b><u>Flaring:</u></b>									
Type					Satisfactory/Action Required				
Comment:									
Corrective Action:							Correct Action Date:		

**Predrill**

Location ID: 336587

**Site Preparation:**

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

S/AR: \_\_\_\_\_

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

**Form 2A COAs:**

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

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

**Wildlife BMPs:**

S/AR: \_\_\_\_\_ Comment: \_\_\_\_\_

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

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: 250303 Type: WELL API Number: 123-18106 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead plumbed to surface

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

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

Facility ID: 250364 Type: WELL API Number: 123-18167 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead plumbed to surface

CA:

CA Date:

Facility ID: 250372 Type: WELL API Number: 123-18175 Status: PR Insp. Status: PR

**BradenHead**

Comment: Bradenhead plumbed to surface

CA:

CA Date:

Facility ID: 251083 Type: WELL API Number: 123-18886 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead plumbed to surface

CA:

CA Date:

Facility ID: 251084 Type: WELL API Number: 123-18887 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Bradenhead plumbed to surface

CA:

CA Date:

Facility ID: 290681 Type: WELL API Number: 123-25191 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

Inspector Name: Pesicka, Conor

**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. Waste and Debris removed? 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 marked? \_\_\_\_\_

CM \_\_\_\_\_

CA \_\_\_\_\_

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

1003b. Area no longer in use? In \_\_\_\_\_

Production areas stabilized ? Pass \_\_\_\_\_

1003c. Compacted areas have been cross ripped? \_\_\_\_\_

1003d. Drilling pit closed? Pass \_\_\_\_\_

Subsidence over on drill pit? Pass \_\_\_\_\_

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? \_\_\_\_\_

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

Overall Interim Reclamation \_\_\_\_\_

**Final Reclamation/ Abandoned Location:**

Inspector Name: Pesicka, Conor

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

#### **Attached Documents**

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

Document Num	Description	URL
684900515	No capacity on produced water sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3775586">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3775586</a>
684900516	Unused equipment between meter runs	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3775587">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3775587</a>
684900517	No capacity on produced water sign	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3775588">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3775588</a>