

**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:  
03/11/2016  
Document Number:  
680701506  
Overall Inspection:  
SATISFACTORY

**FIELD INSPECTION FORM**

|                     |               |               |                      |                          |             |
|---------------------|---------------|---------------|----------------------|--------------------------|-------------|
| Location Identifier | Facility ID   | Loc ID        | Inspector Name:      | On-Site Inspection       | 2A Doc Num: |
|                     | <u>246250</u> | <u>332677</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: NENW Sec: 12 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) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/09/2016 | 680701493 | PR         | WK          | SATISFACTORY                  |          |                | No              |
| 05/24/2010 | 200251813 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 06/16/2003 | 200041197 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 05/12/2003 | 200038973 | CO         | PR          | ACTION REQUIRED               |          | Pass           | No              |
| 05/06/2003 | 200038968 | CO         | PR          | ACTION REQUIRED               |          | Pass           | No              |
| 03/13/2000 | 200005027 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 02/08/1996 | 500170582 | PR         | PR          |                               |          | Fail           | Yes             |

**Inspector Comment:**

**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name        | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|----------------------|-------------|-------------------------------------|
| 246250      | WELL | PR     | 02/27/2007  | GW         | 123-14047 | BERNHARDT-PM O 12-03 | PA          | <input checked="" type="checkbox"/> |
| 293355      | WELL | PR     | 06/07/2010  | GW         | 123-26525 | BERNHARDT O 12-19    | PR          | <input checked="" type="checkbox"/> |

**Equipment:**

Location Inventory

Inspector Name: Peterson, Tom

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

**Lease Road:**

| Type | Satisfactory/Action Required | comment | Corrective Action | Date |
|------|------------------------------|---------|-------------------|------|
|      |                              |         |                   |      |

**Signs/Marker:**

| Type                 | Satisfactory/Action Required | Comment   | Corrective Action | CA Date |
|----------------------|------------------------------|---|-------------------|---------|
| DRILLING/RECOMP      | SATISFACTORY                 |   |                   |         |
| BATTERY              | SATISFACTORY                 |   |                   |         |
| WELLHEAD             | SATISFACTORY                 |   |                   |         |
| TANK LABELS/PLACARDS | SATISFACTORY                 | NFPA placarding is beginning to peel off of crude oil tank. |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date: \_\_\_\_\_  
 Comment: \_\_\_\_\_  
 Corrective Action: \_\_\_\_\_

**Good Housekeeping:**

| Type | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|------|------------------------------|---------|-------------------|---------|
|      |                              |         |                   |         |

**Spills:**

| Type | Area | Volume | Corrective action | CA Date |
|------|------|--------|-------------------|---------|
|      |      |        |                   |         |

Multiple Spills and Releases?

**Fencing/:**

| Type         | Satisfactory/Action Required | Comment           | Corrective Action | CA Date |
|--------------|------------------------------|-------------------|-------------------|---------|
| SEPARATOR    | SATISFACTORY                 | Livestock fencing |                   |         |
| WELLHEAD     | SATISFACTORY                 | Livestock fencing |                   |         |
| TANK BATTERY | SATISFACTORY                 | Livestock fencing |                   |         |

**Equipment:**

|                           |                  |  |
|---------------------------|------------------|--|
| Type: Gas Meter Run       | # 1              | Satisfactory/Action Required: SATISFACTORY |
| Comment                   |                  |  |
| Corrective Action         | Date: _____      |  |
| Type: Ancillary equipment | # 1              | Satisfactory/Action Required: SATISFACTORY |
| Comment                   | Automation array |  |

|                                   |     |  |
|-----------------------------------|-----|--|
| Corrective Action                 |     | Date:                                      |
| Type: Emission Control Device     | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |
| Type: Horizontal Heated Separator | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |
| Type: Pig Station                 | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |
| Type: Plunger Lift                | # 1 | Satisfactory/Action Required: SATISFACTORY |
| Comment                           |     |  |
| Corrective Action                 |     | Date:                                      |
| Type: Bird Protectors             | # 2 | 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 | ,                |
| 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     |
|-------------------|----------|---------------------|---------------------|-----------------|
| Earth             | Adequate | Walls Sufficient    | Base Sufficient     | Adequate        |
| Corrective Action |          |                     |                     | Corrective Date |
| Comment           |          |                     |                     |                 |

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

| Contents           | #            | Capacity | Type             | SE GPS           |
|--------------------|--------------|----------|------------------|------------------|
| PRODUCED WATER     | 1            | <50 BBLS | PBV CONCRETE     | ,                |
| S/AR               | SATISFACTORY |          | Comment: 48 bbls |                  |
| Corrective Action: |              |          |                  | Corrective Date: |

Paint

|                 |          |
|-----------------|----------|
| Condition       | Adequate |
| Other (Content) | _____    |

Inspector Name: Peterson, Tom

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:           |                              |
| Corrective Action: | Correct Action Date:         |

**Predrill**

Location ID: 246250

**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: 246250 Type: WELL API Number: 123-14047 Status: PR Insp. Status: PA

**Cement**

Cement Contractor

Contractor Name: Halliburton

Contractor Phone: \_\_\_\_\_

Surface Casing

Cement Volume (sx): \_\_\_\_\_

Circulate to Surface: \_\_\_\_\_

Cement Fall Back: \_\_\_\_\_

Top Job, 1" Volume: \_\_\_\_\_

Intermediate Casing

Cement Volume (sxs): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Production Casing

Cement Volume (sx): \_\_\_\_\_

Good Return During Job: \_\_\_\_\_

Plugging Operations

Depth Plugs(feet range): 2511'-2311', 443'-0'

Cement Volume (sx): 400 sxs

Good Return During Job: \_\_\_\_\_

Cement Type: Class G Neat 15.8#

Comment: Csg cut @ 2511' KB, EOT @ 2528' KB, MIRU Halliburton Energy Services, establish circulation, mix and pump 100 sxs Class G Neat 15.8# cement (20.5 bbls total), displace tbg with 8.9 bbls of fresh water, RD cementers, lay down tbg to 443' KB, RU cementers, mix and pump 300 sxs Class G Neat 15.8# cement (61.4 bbls total) with 5 bbls returned to work tank, RD cementers, lay down remaining tbg, ND BOP, ND WH, top off cement, RDMO HES cementers, NU night cap, SIW, RDMO Leed rig #718.

**BradenHead**

Comment: Bradenhead is exposed at surface.

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

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

Facility ID: 293355 Type: WELL API Number: 123-26525 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: \_\_\_\_\_

Inspector Name: Peterson, Tom

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? \_\_\_\_\_ 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

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: \_\_\_\_\_

Inspector Name: Peterson, Tom

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   |
|--------------|---------------------|---|
| 680701506    | INSPECTION APPROVED | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3804340">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3804340</a> |