

**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:

04/11/2016

Document Number:

680701630

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                    |                          |
|---------------------|-------------|--------|-----------------|--------------------|--------------------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection | <input type="checkbox"/> |
|                     | 251237      | 330400 | Peterson, Tom   | 2A Doc Num:        |                          |

**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<br>LENERGY.COM | All inspections |

**Compliance Summary:**QtrQtr: SWSW Sec: 6 Twp: 4N Range: 65W

| Insp. Date | Doc Num   | Insp. Type | Insp Status | Satisfactory /Action Required | PA P/F/I | Pas/Fail (P/F) | Violation (Y/N) |
|------------|-----------|------------|-------------|-------------------------------|----------|----------------|-----------------|
| 03/01/2012 | 661600773 | PR         | PR          | SATISFACTORY                  |          |                | No              |
| 05/24/2011 | 200310858 | PR         | SI          | SATISFACTORY                  |          |                | No              |
| 11/15/2005 | 200082819 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |
| 09/26/2000 | 200010237 | PR         | PR          | SATISFACTORY                  |          | Pass           | No              |

**Inspector Comment:**Shared facility with API #123-34884**Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name            | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------|-------------|-------------------------------------|
| 251237      | WELL | PR     | 03/01/2010  | GW         | 123-19040 | MCCARTHY FEDERAL<br>6-33 | 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**

Inspector Name: Peterson, Tom

|                    |                              |         |                   |      |
|--------------------|------------------------------|---------|-------------------|------|
| <b>Lease Road:</b> |                              |         |                   |      |
| Type               | Satisfactory/Action Required | comment | Corrective Action | Date |
|                    |                              |         |                   |      |

|                      |                              |         |                   |         |
|----------------------|------------------------------|---------|-------------------|---------|
| <b>Signs/Marker:</b> |                              |         |                   |         |
| Type                 | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD             | SATISFACTORY                 |         |                   |         |

Emergency Contact Number (S/AR): SATISFACTORY Corrective Date:  

Comment:  

Corrective Action:  

|                           |                              |         |                   |         |
|---------------------------|------------------------------|---------|-------------------|---------|
| <b>Good Housekeeping:</b> |                              |         |                   |         |
| Type                      | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
|                           |                              |         |                   |         |

|                |      |        |                   |         |
|----------------|------|--------|-------------------|---------|
| <b>Spills:</b> |      |        |                   |         |
| Type           | Area | Volume | Corrective action | CA Date |
|                |      |        |                   |         |

☐ Multiple Spills and Releases?

|                  |                              |         |                   |         |
|------------------|------------------------------|---------|-------------------|---------|
| <b>Fencing/:</b> |                              |         |                   |         |
| Type             | Satisfactory/Action Required | Comment | Corrective Action | CA Date |
| WELLHEAD         | SATISFACTORY                 | Panel   |                   |         |

|                    |     |                                            |  |                                          |
|--------------------|-----|--------------------------------------------|--|------------------------------------------|
| <b>Equipment:</b>  |     |                                            |  |                                          |
| Type: Plunger Lift | # 1 | Satisfactory/Action Required: SATISFACTORY |  |                                          |
| Comment            |     |                                            |  |                                          |
| Corrective Action  |     |                                            |  | Date: <span style="color: red;"> </span> |

|                 |    |
|-----------------|----|
| <b>Venting:</b> |    |
| Yes/No          | NO |
| Comment         |    |

|                    |  |                              |  |
|--------------------|--|------------------------------|--|
| <b>Flaring:</b>    |  |                              |  |
| Type               |  | Satisfactory/Action Required |  |
| Comment:           |  |                              |  |
| Corrective Action: |  | Correct Action Date:         |  |

**Predrill**

Location ID: 251237

**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: 251237 Type: WELL API Number: 123-19040 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: \_\_\_\_\_

Inspector Name: Peterson, Tom

|                                                             |                                                        |                      |
|-------------------------------------------------------------|--------------------------------------------------------|----------------------|
| Comment: <input style="width: 700px;" type="text"/>         |                                                        |                      |
| Corrective Action: _____                                    |                                                        | Date: _____          |
| Reportable: _____                                           | GPS: Lat _____                                         | Long _____           |
| Proximity to Surface Water: _____                           | Depth to Ground Water: _____                           |                      |
| <b>Water Well:</b>                                          |                                                        |                      |
|                                                             |                                                        | Lat _____ Long _____ |
| DWR Receipt Num: _____                                      | Owner Name: _____                                      | GPS : _____          |
| <b>Field Parameters:</b>                                    |                                                        |                      |
| <input style="width: 300px;" type="text"/>                  |                                                        |                      |
| Sample Location: <input style="width: 400px;" type="text"/> |                                                        |                      |
| 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: <input style="width: 750px;" type="text"/>                                                                          |                                                         |
| 1003a. Waste and Debris removed? <u>Pass</u>                                                                                 |                                                         |
| CM _____                                                                                                                     |                                                         |
| CA _____                                                                                                                     | CA Date _____                                           |
| Unused or unneeded equipment onsite? <u>Pass</u>                                                                             |                                                         |
| CM _____                                                                                                                     |                                                         |
| CA _____                                                                                                                     | CA Date _____                                           |
| Pit, cellars, rat holes and other bores closed? <u>Pass</u>                                                                  |                                                         |
| 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? _____              |
| <b>RESTORATION AND REVEGETATION</b>                                                                                          |                                                         |
| <u>Cropland</u>                                                                                                              |                                                         |
| Top soil replaced _____                                                                                                      | Recontoured _____ Perennial forage re-established _____ |

Inspector Name: Peterson, Tom

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: \_\_\_\_\_

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 Y \_\_\_\_\_

Corrective Date: \_\_\_\_\_

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

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

Pits: ☒ NO SURFACE INDICATION OF PIT