

**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:

04/20/2016

Document Number:

673803056

Overall Inspection:

SATISFACTORY**FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 331950      | 331950 | Gomez, Jason    | <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<br>LENERGY.COM |         |

**Compliance Summary:**QtrQtr: SWSW Sec: 32 Twp: 5N Range: 64W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|---------------|-------------|-------------------------------------|
| 269078      | WELL | PR     | 10/10/2007  | OW         | 123-21618 | SCHMIER 19-32 | 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****Lease Road:**

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

**Signs/Marker:**

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

Emergency Contact Number (S/AR): SATISFACTORY

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

Inspector Name: Gomez, Jason

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 |
|------|------------------------------|---------|-------------------|---------|
|------|------------------------------|---------|-------------------|---------|

|          |              |       |  |  |
|----------|--------------|-------|--|--|
| WELLHEAD | SATISFACTORY | Panel |  |  |
|----------|--------------|-------|--|--|

**Equipment:**

|                    |     |                               |              |
|--------------------|-----|-------------------------------|--------------|
| Type: Plunger Lift | # 1 | Satisfactory/Action Required: | SATISFACTORY |
|--------------------|-----|-------------------------------|--------------|

Comment

Corrective Action

Date:

**Facilities:**

☐ New Tank

Tank ID: \_\_\_\_\_

| Contents | # | Capacity | Type | SE GPS |
|----------|---|----------|------|--------|
|----------|---|----------|------|--------|

|  |  |  |                     |   |
|--|--|--|---------------------|---|
|  |  |  | CENTRALIZED BATTERY | , |
|--|--|--|---------------------|---|

S/AR

Comment:

Corrective Action:

Corrective Date:

**Paint**

Condition

Other (Content)

Other (Capacity)

Other (Type)

**Berms**

| Type | Capacity | Permeability (Wall) | Permeability (Base) | Maintenance |
|------|----------|---------------------|---------------------|-------------|
|------|----------|---------------------|---------------------|-------------|

Corrective Action

Corrective Date

Comment

**Venting:**

Yes/No NO

Comment

**Flaring:**

| Type | Satisfactory/Action Required |
|------|------------------------------|
|------|------------------------------|

Comment:

Corrective Action:

Correct Action  
Date:

**Predrill**

Location ID: 331950

**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: 269078 Type: WELL API Number: 123-21618 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: Exposed

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

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

**Environmental****Spills/Releases:**

Type of Spill: \_\_\_\_\_

Description: \_\_\_\_\_

Estimated Spill Volume: \_\_\_\_\_

Inspector Name: Gomez, Jason

|   |  |                      |
|---|--|----------------------|
| 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): _____                      |  |                      |
| Comment: _____  |  |                      |
| Pilot: _____  | Wildlife Protection Devices (fired vessels): _____ |                      |

**Reclamation - Storm Water - Pit**

**Interim Reclamation:**

|  |   |
|--|---|
| Date Interim Reclamation Started: _____  | Date Interim Reclamation Completed: _____               |
| Land Use: _____  |   |
| Comment: <input style="width:700px" 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? <u>Pass</u>  | Production areas stabilized ? <u>Pass</u>               |
| 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? <u>Pass</u>   | Segregated soils have been replaced? <u>Pass</u>        |
| <b>RESTORATION AND REVEGETATION</b>  |   |
| <u>Cropland</u>  |   |
| Top soil replaced _____  | Recontoured _____ Perennial forage re-established _____ |

Inspector Name: Gomez, Jason

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

S/A/V: \_\_\_\_\_ Corrective Date: \_\_\_\_\_

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

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

**Pits:** ☒ NO SURFACE INDICATION OF PIT