

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:
06/07/2016
Document Number:
673901948
Overall Inspection:
ACTION REQUIRED

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	<input type="checkbox"/>
	<u>297393</u>	<u>310851</u>	<u>MONTOYA, JOHN</u>	2A Doc Num:	

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@nblenergy.com</u>	All Inspections

Compliance Summary:

QtrQtr:	<u>NWNE</u>	Sec:	<u>9</u>	Twp:	<u>3N</u>	Range:	<u>64W</u>
Insp. Date	Doc Num	Insp. Type	Insp Status	Satisfactory /Action Required	PA P/F/I	Pas/Fail (P/F)	Violation (Y/N)
<u>06/02/2011</u>	<u>200311832</u>	<u>PR</u>	<u>PR</u>	<u>SATISFACTORY</u>	<u>I</u>		<u>No</u>

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
<u>297393</u>	<u>WELL</u>	<u>PR</u>	<u>12/19/2008</u>	<u>OW</u>	<u>123-27115</u>	<u>FRONT RANGE D 09-28</u>	<u>PR</u>	<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
<u>Access</u>	<u>SATISFACTORY</u>			

Signs/Marker:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
TANK LABELS/PLACARDS	SATISFACTORY			
BATTERY	SATISFACTORY			
WELLHEAD	ACTION REQUIRED	WELL SIGN CAN'T SEE WELL NAME ON SIGN	Install sign to comply with rule 210.	06/28/2016

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

Comment: _____

Corrective Action: _____

Good Housekeeping:				
Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
WEEDS	ACTION REQUIRED	WEEDS AROUND WELLHEAD	CONTROLL WEEDS	06/28/2016

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
TANK BATTERY	SATISFACTORY	BARBWIRE FENCE		
WELLHEAD	SATISFACTORY	ROD IRON FENCESE CORNERN40.14802 W-104.33357		

Equipment:				
Type: Gas Meter Run	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment	SE CORNER N40.14796 W-104.33117			
Corrective Action				Date:
Type: Bird Protectors	# 2	Satisfactory/Action Required: SATISFACTORY		
Comment				
Corrective Action				Date:
Type: Emission Control Device	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	SE CORNER N40.796 W-104.33117			
Corrective Action				Date:
Type: Horizontal Heated Separator	# 1	Satisfactory/Action Required: SATISFACTORY		
Comment	SE CORNER N40.14796 W-104.33117			
Corrective Action				Date:

Type: Plunger Lift	# 1	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	40.148100,-104.331180
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				

Facilities: New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	<100 BBLS	CONCRETE SUMP/VAULT	,
S/AR	SATISFACTORY		Comment: WATER TANK CAPACITY 60 BBLS	
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	Ignitor/Combustor	Satisfactory/Action Required	SATISFACTORY
Comment:			

Corrective Action:	Correct Action Date:
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Predrill

Location ID: 297393
 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: 297393 Type: WELL API Number: 123-27115 Status: PR Insp. Status: PR

Producing Well

Comment: **INTERMITTER CONTROLLER ON WELLHEAD**

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: _____ Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters: _____

Sample Location: _____

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: _____

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 ? 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

Inspector Name: MONTOYA, JOHN

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: _____

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			
Berms	Pass					

S/A/V: SATISFACTOR _____ Corrective Date: _____
Y _____

Comment: _____

CA: _____

Pits: NO SURFACE INDICATION OF PIT

COGCC Comments

Comment	User	Date
INTERMITTER CONTROLLER ON WELLHEAD	montoyaj	06/07/2016

Attached Documents

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

Document Num	Description	URL
673901949	NEED BATTERY SIGN NOT VERY VISIBLE	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3873935

673901950	CONTROL WEEDS	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3873936
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