

**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:

06/15/2016

Document Number:

673803335

Overall Inspection:

SATISFACTORY w/ CMT  
or AR**FIELD INSPECTION FORM**

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	332777	332777	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 LENERGY.COM	

**Compliance Summary:**QtrQtr: NWNE Sec: 20 Twp: 5N Range: 66W**Inspector Comment:****Related Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
289995	WELL	PR	09/14/2009	OW	123-24976	HURST 7-20	PR	<input checked="" type="checkbox"/>
290054	WELL	PR	09/30/2009	OW	123-24996	HURST 8-20	PR	<input checked="" type="checkbox"/>
291290	WELL	PR	09/25/2009	GW	123-26022	GREELEY 17-20	PR	<input checked="" type="checkbox"/>
295682	WELL	PR	09/23/2009	GW	123-25782	GREELEY 21-20	PR	<input checked="" type="checkbox"/>
296231	WELL	PR	09/14/2009	GW	123-26706	GREELEY 27-20	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
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			
WELLHEAD	SATISFACTORY			
BATTERY	SATISFACTORY			

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

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

Corrective Action: \_\_\_\_\_

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

<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
WELLHEAD	SATISFACTORY	6' CHAIN LINK		
WELLHEAD	SATISFACTORY	6' CHAIN LINK		
WELLHEAD	SATISFACTORY	6' CHAIN LINK		
SEPARATOR	SATISFACTORY	6' CHAIN LINK		
TANK BATTERY	SATISFACTORY	6' CHAIN LINK		
WELLHEAD	SATISFACTORY	6' CHAIN LINK		
WELLHEAD	SATISFACTORY	6' CHAIN LINK		

<b><u>Equipment:</u></b>				
Type: Bird Protectors	# 4	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:
Type: Horizontal Heated Separator	# 2	Satisfactory/Action Required:	SATISFACTORY	
Comment				
Corrective Action				Date:

Type: VRU	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Pig Station	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Gas Meter Run	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Emission Control Device	# 2	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:
Type: Ancillary equipment	# 1	Satisfactory/Action Required:	SATISFACTORY
Comment METHONAL PUMPW/CONTAINMENT			
Corrective Action			Date:
Type: Plunger Lift	# 5	Satisfactory/Action Required:	SATISFACTORY
Comment			
Corrective Action			Date:

**Facilities:**☐ New Tank

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

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	1	OTHER	PBV FIBERGLASS	40.388690,-104.800860

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
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate

Corrective Action		Corrective Date	
Comment			

**Facilities:**☐ New Tank

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

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	4	OTHER	STEEL AST	40.388690,-104.800860

S/AR	SATISFACTORY	Comment:	315 bbl
Corrective Action:		Corrective Date:	

Paint

Inspector Name: Gomez, Jason

Condition	Adequate				
Other (Content)					
Other (Capacity)					
Other (Type)					
<b>Berms</b>					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Corrective Action				Corrective Date	
Comment					

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

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

**Predrill**

Location ID: 332777

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: 289995 Type: WELL API Number: 123-24976 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

**BradenHead**

Comment: PLUMBED TO SURFACE

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

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

Facility ID: 290054 Type: WELL API Number: 123-24996 Status: PR Insp. Status: PR

**Producing Well**

Comment: PR

Inspector Name: Gomez, Jason

**BradenHead**

Comment: **PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 291290 Type: WELL API Number: 123-26022 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 295682 Type: WELL API Number: 123-25782 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **PLUMBED TO SURFACE**

CA:

CA Date:

Facility ID: 296231 Type: WELL API Number: 123-26706 Status: PR Insp. Status: PR

**Producing Well**

Comment: **PR**

**BradenHead**

Comment: **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

**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? PassProduction areas stabilized ? Pass

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? PassSegregated soils have been replaced? Pass**RESTORATION AND REVEGETATION**Cropland

Top soil replaced \_\_\_\_\_ Recontoured \_\_\_\_\_ Perennial forage re-established \_\_\_\_\_

Non-CroplandTop soil replaced Pass Recontoured Pass 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 \_\_\_\_\_

Inspector Name: Gomez, Jason

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					
Berms	Fail					

S/A/V: **ACTION REQUIRED** Corrective Date: **07/15/2016**

Comment: **GRAVEL BERM ON SW OF LOCATION IN NEED OF MAINTENANCE**  
CA: **"Install or repair required BMPs per Rule 1002.f. Refer to the 1002.f guidance document for further details."**

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
673803336	STORMWATER BMP	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3880067">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3880067</a>
673803337	STORMWATER BMP	<a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3880068">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3880068</a>