

**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:

07/06/2016

Document Number:

684901615

Overall Inspection:

**ACTION REQUIRED****FIELD INSPECTION FORM**

|                     |             |        |                 |                          |             |
|---------------------|-------------|--------|-----------------|--------------------------|-------------|
| Location Identifier | Facility ID | Loc ID | Inspector Name: | On-Site Inspection       | 2A Doc Num: |
|                     | 331106      | 331106 | Pesicka, Conor  | <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 | All Inspections |

**Compliance Summary:**QtrQtr: NENW Sec: 7 Twp: 8N Range: 58W**Inspector Comment:****Related Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                  | Insp Status |                                     |
|-------------|------|--------|-------------|------------|-----------|--------------------------------|-------------|-------------------------------------|
| 112037      | PIT  | AC     | 09/23/1999  |            | -         | LILLI UNIT 10-7, 12-7,<br>14-7 | AC          | <input type="checkbox"/>            |
| 118445      | PIT  | CL     | 01/21/2011  |            | -         | WALSH TRAVELERS                | CL          | <input type="checkbox"/>            |
| 258556      | WELL | PR     | 01/25/2001  | GW         | 123-20160 | LILLI FIELD UNIT 3-7           | SI          | <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 Motors: _____ | 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<br>Required | comment | Corrective Action | Date |
|------|---------------------------------|---------|-------------------|------|
|      |                                 |         |                   |      |

| <b>Signs/Marker:</b> |                              |   |                                       |            |
|----------------------|------------------------------|---|---------------------------------------|------------|
| Type                 | Satisfactory/Action Required | Comment   | Corrective Action                     | CA Date    |
| TANK LABELS/PLACARDS | SATISFACTORY                 |   |                                       |            |
| WELLHEAD             | SATISFACTORY                 |   |                                       |            |
| BATTERY              | ACTION REQUIRED              | Battery refers to 3 PA wells (Lilli 10-7, 12-7, 14-7) | Install sign to comply with rule 210. | 09/06/2016 |

Emergency Contact Number (S/AR): SATISFACTORY

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

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

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

| <b>Good Housekeeping:</b> |                              |   |  |            |
|---------------------------|------------------------------|---|--|------------|
| Type                      | Satisfactory/Action Required | Comment   | Corrective Action  | CA Date    |
| UNUSED EQUIPMENT          | ACTION REQUIRED              | Unused equipment behind tank battery, around location. (see pictures) | Comply with Rule 603.f using the Rule 603.f guidance document for further details. | 07/30/2016 |

| <b>Spills:</b>   |      |        |                   |         |
|--|------|--------|-------------------|---------|
| Type   | Area | Volume | Corrective action | CA Date |
| <input type="checkbox"/> Multiple Spills and Releases? |      |        |                   |         |

| <b>Fencing/:</b> |                              |             |                   |         |
|------------------|------------------------------|-------------|-------------------|---------|
| Type             | Satisfactory/Action Required | Comment     | Corrective Action | CA Date |
| TANK BATTERY     | SATISFACTORY                 | barbed wire |                   |         |
| SEPARATOR        | SATISFACTORY                 | barbed wire |                   |         |
| PUMP JACK        | SATISFACTORY                 | barbed wire |                   |         |

|                           |   |                               |                 |                |
|---------------------------|---|-------------------------------|-----------------|----------------|
| <b>Equipment:</b>         |   |                               |                 |                |
| Type: Bird Protectors     | # 2   | Satisfactory/Action Required: | SATISFACTORY    |                |
| Comment                   |   |                               |                 |                |
| Corrective Action         |   |                               |                 | Date:          |
| Type: Bird Protectors     | # 2   | Satisfactory/Action Required: | SATISFACTORY    |                |
| Comment                   |   |                               |                 |                |
| Corrective Action         |   |                               |                 | Date:          |
| Type: Ancillary equipment | # 2   | Satisfactory/Action Required: | ACTION REQUIRED |                |
| Comment                   | containers - 2 engine oil; stained soil around container  |                               |                 |                |
| Corrective Action         | Remove or remediate stained soil; Securely fasten all valves, pipes, and fittings to ensure good mechanical condition per Rule 605.d. |                               |                 | Date: 8/8/2016 |
| Type: Compressor          | # 1   | Satisfactory/Action Required: | SATISFACTORY    |                |
| Comment                   | Gas   |                               |                 |                |
| Corrective Action         |   |                               |                 | Date:          |
| Type: Ancillary equipment | # 1   | Satisfactory/Action Required: | SATISFACTORY    |                |

Inspector Name: Pesicka, Conor

|                               |                   |                               |              |
|-------------------------------|-------------------|-------------------------------|--------------|
| Comment                       | solar & telemetry |                               |              |
| Corrective Action             |                   |                               | Date:        |
| Type: Gas Meter Run           | # 1               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                   |                               |              |
| Corrective Action             |                   |                               | Date:        |
| Type: Vertical Heater Treater | # 1               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                   |                               |              |
| Corrective Action             |                   |                               | Date:        |
| Type: Horizontal Separator    | # 1               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                   |                               |              |
| Corrective Action             |                   |                               | Date:        |
| Type: Vertical Separator      | # 1               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                   |                               |              |
| Corrective Action             |                   |                               | Date:        |
| Type: Pump Jack               | # 1               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       |                   |                               |              |
| Corrective Action             |                   |                               | Date:        |
| Type: Emission Control Device | # 1               | Satisfactory/Action Required: | SATISFACTORY |
| Comment                       | off while SI      |                               |              |
| Corrective Action             |                   |                               | Date:        |

**Facilities:**☐ New Tank

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

| Contents       | # | Capacity  | Type         | SE GPS                |
|----------------|---|-----------|--------------|-----------------------|
| PRODUCED WATER | 1 | <100 BBLS | PBV CONCRETE | 40.683080,-103.909130 |

|                    |              |                  |  |
|--------------------|--------------|------------------|--|
| S/AR               | SATISFACTORY | Comment:         |  |
| Corrective Action: |              | Corrective Date: |  |

**Paint**

|           |          |
|-----------|----------|
| Condition | Adequate |
|-----------|----------|

Other (Content) \_\_\_\_\_

Other (Capacity) 60bbl

Other (Type) \_\_\_\_\_

**Berms**

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

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Corrective Action |  | Corrective Date |  |
|-------------------|--|-----------------|--|

|         |                       |
|---------|-----------------------|
| Comment | Shared with crude oil |
|---------|-----------------------|

**Facilities:**☐ New Tank

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

| Contents  | # | Capacity | Type      | SE GPS                |
|-----------|---|----------|-----------|-----------------------|
| CRUDE OIL | 2 | 300 BBLS | STEEL AST | 40.683080,-103.909130 |

Inspector Name: Pesicka, Conor

|                        |  |                     |                     |             |                  |            |
|------------------------|--|---------------------|---------------------|-------------|------------------|------------|
| S/AR                   | SATISFACTORY   | Comment:            |                     |             |                  |            |
| Corrective Action:     |  |                     |                     |             | Corrective Date: |            |
| <u>Paint</u>           |  |                     |                     |             |                  |            |
| Condition              | Adequate   |                     |                     |             |                  |            |
| Other (Content) _____  |  |                     |                     |             |                  |            |
| Other (Capacity) _____ |  |                     |                     |             |                  |            |
| Other (Type) _____     |  |                     |                     |             |                  |            |
| <u>Berms</u>           |  |                     |                     |             |                  |            |
| Type                   | Capacity   | Permeability (Wall) | Permeability (Base) | Maintenance |                  |            |
| Earth                  | Inadequate   | Walls Insufficient  | Base Sufficient     | Inadequate  |                  |            |
| Corrective Action      | Repair or install berms or other secondary containment devices per Rule 906.d.(1). |                     |                     |             | Corrective Date  | 08/08/2016 |
| Comment                | Berms are too low, and have gaps.  |                     |                     |             |                  |            |

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

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

**Predrill**

Location ID: 331106

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: 258556 Type: WELL API Number: 123-20160 Status: PR Insp. Status: SI

**Idle Well**Purpose: ☒ Shut In ☐ Temporarily Abandoned Reminder: EQUIPMENT ONSITE

S/A/V: SATISFACTORY CA Date: \_\_\_\_\_

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

Comment: SI

**BradenHead**

Comment: Bradenhead plumbed to surface

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

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

**Environmental**

Inspector Name: Pesicka, Conor

**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): Y \_\_\_\_\_

Comment: **off while SI**

Pilot: **OFF** 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? **In** 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**

Inspector Name: Pesicka, Conor

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: \_\_\_\_\_

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           | Fail            | Gravel                  | Pass                  |               |                          |         |

S/A/V: **ACTION REQUIRED**

Corrective Date: **08/08/2016**

Comment: **Stormwater runoff from center of location to south edge of facility.**

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   |
|--------------|------------------------------------|---|
| 684901615    | INSPECTION APPROVED                | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895976">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895976</a> |
| 684901616    | Berms too low                      | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895935">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895935</a> |
| 684901617    | Unused equipment near tank battery | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895936">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895936</a> |
| 684901618    | Unused equipment south of location | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895937">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895937</a> |

|           |  |   |
|-----------|--|---|
| 684901619 | Stormwater runoff                      | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895938">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895938</a> |
| 684901620 | Stained soil around engine oil barrels | <a href="http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895939">http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=3895939</a> |