

**FORM
INSP**Rev
X/15**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:

11/02/2016

Submitted Date:

11/02/2016

Document Number:

672500116**FIELD INSPECTION FORM**
 Loc ID 336624 Inspector Name: Gomez, Jason On-Site Inspection ☐ 2A Doc Num: _____
Operator Information:OGCC Operator Number: 100322Name of Operator: NOBLE ENERGY INCAddress: 1625 BROADWAY STE 2200City: DENVER State: CO Zip: 80202**Status Summary:**☒ THIS IS A FOLLOW UP INSPECTION☐ FOLLOW UP INSPECTION REQUIRED☐ NO FOLLOW UP INSPECTION REQUIRED**Findings:**9 Number of Comments0 Number of Corrective Actions☐ Corrective Action Response Requested**Contact Information:**

Contact Name	Phone	Email	Comment
,		NBL_DJBU_Inspections@NB LENERGY.COM	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
250286	WELL	PR	02/01/2015	OW	123-18089	UPRC 23-3H4	PR
290279	WELL	PR	07/27/2007	OW	123-25036	CHEWY B 23-24	PR

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	BATTERY		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	
Type	TANK LABELS/PLACARDS		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:

Corrective Action:

Date: _____

Overall Good: ☒

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

☐ Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	AG PANEL		
Corrective Action:		Date:	
Type	SEPARATOR		
Comment:	WIRE		
Corrective Action:		Date:	
Type	TANK BATTERY		
Comment:	WIRE		
Corrective Action:		Date:	
Type	WELLHEAD		
Comment:	AG PANEL		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Bird Protectors	# 3		

Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 2		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tanak ID	SE GPS	
PRODUCED WATER	1	<50 BBLs	CONCRETE SUMP/VAULT		,	
Comment:						
Corrective Action:						Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

Contents	#	Capacity	Type	Tanak ID	SE GPS	
PRODUCED WATER	1	<100 BBLs	CONCRETE SUMP/VAULT		,	
Comment:						
Corrective Action:						Date:

Paint

Condition	Adequate	
Other (Content)		
Other (Capacity)		
Other (Type)		

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate	
Comment:					
Corrective Action:					Date:

Contents	#	Capacity	Type	Tanak ID	SE GPS	
CRUDE OIL	2	300 BBLs	STEEL AST		,	
Comment:						
Corrective Action:						Date:
Paint						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
Berms						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Earth	Adequate	Walls Sufficient	Base Sufficient	Adequate		
Comment:						
Corrective Action:						Date:
Venting:						
Yes/No	NO					
Comment:						
Corrective Action:						Date:
Flaring:						
Type						
Comment:						
Corrective Action:						Date:

Inspected FacilitiesFacility ID: 250286 Type: WELL API Number: 123-18089 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

BradenHeadComment: PLUMBED TO SURFACE PRESSURE MONITORED

Corrective Action:

Date: _____

Facility ID: 290279 Type: WELL API Number: 123-25036 Status: PR Insp. Status: PR**Producing Well**Comment: PR

Corrective Action:

Date:

BradenHeadComment: PLUMBED TO SURFACE PRESSURE MONITORED

Corrective Action:

Date: _____

Environmental**Spills/Releases:**

Type of Spill:	_____	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:	_____	Comment:	_____
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Spill/Remediation:

Comment:	_____		
Corrective Action:	_____	Date:	_____

Emission Control Burner (ECB): YES _____

Comment: _____

Pilot: ON _____ Wildlife Protection Devices (fired vessels): YES _____

Reclamation - Storm Water - Pit**Storm Water:**

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Gravel	Pass					

Comment:

Corrective Action:

Date: _____

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

Comment	User	Date
CORRECTIVE ACTIONS FROM INSPECTION DOC#684900520 HAVE BEEN COMPLETED TO COMPLY WITH COGCC RULES	gomezj	11/02/2016