

**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:

11/29/2016

Submitted Date:

11/29/2016

Document Number:

680703280**FIELD INSPECTION FORM**

Loc ID 309830	Inspector Name: Peterson, Tom	On-Site Inspection <input type="checkbox"/>	Status Summary: <input type="checkbox"/> THIS IS A FOLLOW UP INSPECTION <input checked="" type="checkbox"/> FOLLOW UP INSPECTION REQUIRED <input type="checkbox"/> NO FOLLOW UP INSPECTION REQUIRED															
2A Doc Num: _____			Findings: 5 Number of Comments 1 Number of Corrective Actions <input checked="" type="checkbox"/> Corrective Action Response Requested															
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>																		
Contact Information: <table border="1" style="width:100%"> <tr> <th>Contact Name</th> <th>Phone</th> <th>Email</th> <th>Comment</th> </tr> <tr> <td>,</td> <td></td> <td>NBL_DJBU_Inspections@NB LENERGY.COM</td> <td></td> </tr> </table>				Contact Name	Phone	Email	Comment	,		NBL_DJBU_Inspections@NB LENERGY.COM								
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Inspected Facilities: <table border="1" style="width:100%"> <tr> <th>Facility ID</th> <th>Type</th> <th>Status</th> <th>Status Date</th> <th>Well Class</th> <th>API Num</th> <th>Facility Name</th> <th>Insp Status</th> </tr> <tr> <td>225</td> <td>WELL</td> <td>PR</td> <td>05/23/2008</td> <td>OW</td> <td>123-25435</td> <td>SPIKE STATE CC 30-22</td> <td>PR</td> </tr> </table>			Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	225	WELL	PR	05/23/2008	OW	123-25435	SPIKE STATE CC 30-22	PR
Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status											
225	WELL	PR	05/23/2008	OW	123-25435	SPIKE STATE CC 30-22	PR											
General Comment: <div style="height: 300px; border: 1px solid black;"></div>																		

LocationOverall Good: ☒**Signs/Marker:**

Type	WELLHEAD		
Comment:			
Corrective Action:		Date:	

Emergency Contact Number:

Comment:		Date:	
Corrective Action:		Date:	

Good Housekeeping:

Type	UNUSED EQUIPMENT		
Comment:	Unused tubing sills at wellhead. See attached photo.		
Corrective Action:	Comply with Rule 603.f using the Rule 603.f guidance document for further details.	Date:	12/31/2016

Overall Good: ☐**Spills:**

Type	Area	Volume		
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In Containment: No

Comment: ☐ Multiple Spills and Releases?**Fencing/:**

Type	WELLHEAD		
Comment:	Panel		
Corrective Action:		Date:	

Equipment:

Type: Plunger Lift	# 1		corrective date
Comment:			
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
			CENTRALIZED BATTERY		40.279260,-104.476780
Comment:	Shared facility with API #123-23736				
Corrective Action:				Date:	

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
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Comment:					
Corrective Action:					Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:			Date:

Flaring:

Type			
Comment:			
Corrective Action:			Date:

Inspected Facilities									
Facility ID:	225	Type:	WELL	API Number:	123-25435	Status:	PR	Insp. Status:	PR
Producing Well									
Comment:		PR							
Corrective Action:								Date:	
BradenHead									
Comment:		Bradenhead is exposed at surface.							
Corrective Action:								Date:	

Environmental	
Spill/Remediation:	
Comment:	
Corrective Action:	Date:
Emission Control Burner (ECB): YES	
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: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING _____

Comment _____

Corrective Action _____

Date _____

1002b. SOIL REMOVAL AND
SEGREGATION _____

Comment _____

Corrective Action _____

Date _____

1002c. PROTECTION OF SOILS _____

Comment _____

Corrective Action _____

Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION _____

Comment _____

Corrective Action _____

Date _____

1003a. Waste and Debris removed? Pass

Comment _____

Corrective Action _____

Date _____

Unused or unneeded equipment onsite? Pass

Comment _____

Corrective Action _____

Date _____

Pit, cellars, rat holes and other bores closed? Pass

Comment _____

Corrective Action _____

Date _____

Guy line anchors marked? _____

Comment _____

Corrective Action _____

Date _____

1003b. Area no longer in use? _____ Production areas stabilized ? _____

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? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATIONCropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003e. INTERIM VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

1003 f. Weeds Noxious weeds? _____

Comment _____

Corrective Action _____ Date _____

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 _____

1004.d. FINAL VEGETATION TRANSECT

TRANSECT RESULTS OF DISTURBED AREA% _____

TRANSECT RESULTS OF REFERENCE AREA% _____

TOTAL % OF DESIRABLE VEGETATION COVER _____

VEGETATIVE COVER _____

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			

Comment: Corrective Action: Date: **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
680703280	INSPECTION SUBMITTED	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4015059
680703281	Unused equipment	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4015004