

**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:

03/01/2017

Submitted Date:

03/01/2017

Document Number:

685502087

FIELD INSPECTION FORM

Loc ID 329385 Inspector Name: MONTOYA, JOHN On-Site Inspection 2A Doc Num: _____

Status Summary:

- THIS IS A FOLLOW UP INSPECTION
- FOLLOW UP INSPECTION REQUIRED
- NO FOLLOW UP INSPECTION REQUIRED

Operator Information:

OGCC Operator Number: 100322
Name of Operator: NOBLE ENERGY INC
Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202

Findings:

10 Number of Comments
0 Number of Corrective Actions
 Corrective Action Response Requested

Contact Information:

Contact Name	Phone	Email	Comment
		NBL_DJBU_Inspections@NB LENERGY.COM	ALL INSPECTIONS

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
249470	WELL	PR	05/28/2004	GW	123-17273	DECHANT D 7-9	PR

General Comment:

(This area is currently blank for general comments.)

Location

Lease Road:			
Type	Access		
comment:			
Corrective Action:			Date:

Overall Good:

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

Emergency Contact Number:			
Comment:	OK		
Corrective Action:			Date: _____

Overall Good:

Spills:			
Type	Area	Volume	

In Containment: No

Comment:

Multiple Spills and Releases?

Fencing/:			
Type	WELLHEAD		
Comment:	ROD IRON FENCE SE CORNER N40.13971 W-104.35196		
Corrective Action:			Date:

Equipment:			corrective date
Type: Emission Control Device	# 1		
Comment:	SE CORNER N40.13967 W-104.35073		
Corrective Action:			Date:
Type: Bird Protectors	# 2		

Comment:			
Corrective Action:		Date:	
Type: Horizontal Heated Separator	# 1		
Comment:	SE CORNER N40.13967 W-104.35073		
Corrective Action:		Date:	
Type: Plunger Lift	# 1		
Comment:			
Corrective Action:		Date:	
Type: Gas Meter Run	# 1		
Comment:	SE CORNER N40.13967 W-104.35073		
Corrective Action:		Date:	

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
CRUDE OIL	1	300 BBLs	STEEL AST		40.139710,-104.350850
Comment:					
Corrective Action:					Date:

Paint

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

Berms

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

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<100 BBLs	CONCRETE SUMP/VAULT		,
Comment:	60 BBL CAPACITY CONCRETE VAULT				
Corrective Action:					Date:

Paint

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

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate

Comment:		
Corrective Action:		Date:

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type	Ignitor/Combustor	
Comment:		
Corrective Action:		Date:

Inspected Facilities

Facility ID: 249470 Type: WELL API Number: 123-17273 Status: PR Insp. Status: PR

Producing Well

Comment: PR

Corrective Action:

Date:

BradenHead

Comment: BRADENHEAD PLUMBED TO SURFACE

Corrective Action:

Date:

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____

Land Use: _____

Comment: _____

1002 SITE PREPARATION AND STABILIZATION

1002a. FENCING Pass

Comment _____

Corrective Action _____ Date _____

1002b. SOIL REMOVAL AND SEGREGATION Pass

Comment _____

Corrective Action _____ Date _____

1002c. PROTECTION OF SOILS Pass

Comment _____

Corrective Action _____ Date _____

1002E. SURFACE DISTURBANCE MINIMIZATION Pass

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 ? 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

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: <input type="text"/>						
Corrective Action: <input type="text"/>						Date: _____
Pits: <input checked="" type="checkbox"/> NO SURFACE INDICATION OF PIT						

<u>COGCC Comments</u>		
Comment	User	Date
INTERMITTER CONTROLLER ON WELLHEAD	montoyaj	03/01/2017