

**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:

06/12/2018

Submitted Date:

06/12/2018

Document Number:

684905516**FIELD INSPECTION FORM**

Loc ID 326955 Inspector Name: Pesicka, Conor On-Site Inspection ☐ 2A Doc Num: _____

Operator Information:OGCC Operator Number: 100322Name of Operator: NOBLE ENERGY INCAddress: 1001 NOBLE ENERGY WAYCity: HOUSTON State: TX Zip: 77070**Status Summary:**

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

Findings:3 Number of Comments0 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
246117	WELL	IJ	09/09/2013	ERIW	123-13914	LILLI UNIT 16-7	AC

General Comment:

LocationOverall Good: ☒

Signs/Marker:			
Type	WELLHEAD		
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:	agricultural		
Corrective Action:		Date:	

Equipment:			corrective date
Type: Gas Meter Run	# 1		
Comment:			
Corrective Action:		Date:	

Venting:

Yes/No	NO		
Comment:			
Corrective Action:		Date:	

Flaring:

Type		
Comment:		
Corrective Action:		Date:

Inspected FacilitiesFacility ID: 246117 Type: WELL API Number: 123-13914 Status: IJ Insp. Status: AC**Underground Injection Control**

UIC Violation: _____ Maximum Injection Pressure: _____

UIC RoutineInj./Tube: Pressure or inches of Hg 565 Previous Test Pressure _____ MPP _____

(e.g. 30 psig or -30" Hg)

Inj Zone: DSNDTC: Pressure or inches of Hg 0 Previous Test Pressure _____ Last MIT: 11/22/2013Brhd: Pressure or inches of Hg 0 Previous Test Pressure _____ AnnMTReq: YESComment: MIT required before 11/22/2018

Corrective Action: _____ Date: _____

Method of Injection: PUMP FEED

Test Type: _____ Tbg psi: _____ Csg psi: _____ BH psi: _____

Insp. Status: _____

Comment: _____

Corrective Action: _____ Date: _____

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	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
684905517	Site photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=4492887