

FORM
INSPRev
X/15

State of Colorado Oil and Gas Conservation Commission

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Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

01/22/2021

Submitted Date:

01/22/2021

Document Number:

693504235

FIELD INSPECTION FORM

Loc ID 306242 Inspector Name: Silver, Randy 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:6 Number of Comments0 Number of Corrective Actions Corrective Action Response Requested

**ANY CORRECTIVE ACTION(S) FROM
PREVIOUS INSPECTIONS THAT HAVE NOT
BEEN ADDRESSED ARE STILL APPLICABLE**

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
287310	WELL	SI	07/01/2019	OW	123-24290	FOSS 6-31	SI

General Comment:

Location

Overall Good:

Signs/Marker:

Type WELLHEAD

Comment: Adequate

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: Steel rod.

Corrective Action:

Date:

Equipment:

corrective date

Type: Plunger Lift # 1

Comment:

Corrective Action:

Date:

Type: Bradenhead # 1

Comment:

Corrective Action:

Date:

Venting:

Yes/No NO

Comment:

Corrective Action:

Date:

Flaring:

Type

Comment:

Corrective Action:

Date:

Inspected Facilities

Facility ID: 287310 Type: WELL API Number: 123-24290 Status: SI Insp. Status: SI

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____

Comment: At time of inspection well is SI. Master valve is LOTO.

Corrective Action: _____ Date: _____

BradenHead

Date of Last Brhd Test: _____ Annual Brhd Completed? #Error

Last Brhd Test Results Initial Surf Csg Pressure: _____ Fluid Type: _____

End Surf Csg Pressure: _____

Comment: Submit reports.

Corrective Action: _____ Date: _____

COGCC Comments

Comment	User	Date
<u>Routine inspection.</u>	silverr	01/22/2021

Attached Documents

You can go to COGCC Images (<https://cogcc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
693504236	loc pic	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=5335468