

**FORM
INSP**Rev
X/20**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:

04/11/2024

Submitted Date:

04/11/2024

Document Number:

697009300

FIELD INSPECTION FORMLoc ID 310411 Inspector Name: Peterson, Tom On-Site Inspection ☐ 2A Doc Num: _____**Operator Information:**

ECMC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 1099 18TH STREET SUITE 1500

City: DENVER State: CO Zip: 80202

Status Summary:

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

Findings:

7 Number of Comments

0 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
,		rbucogccinspectionreports@c hevron.onmicrosoft.com	

Inspected Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
292505	WELL	TA	03/30/2021	OW	123-26371	LINDBLAD 25-34	TA

General Comment:

This is a routine inspection. Any corrective actions from previous inspections that have not been addressed are still applicable. There were no operator personnel on location at the time of this field inspection.

LocationOverall Good: ☒

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

Equipment:			corrective date
Type: Pig Station	# 3		
Comment:			
Corrective Action:		Date:	
Type: Emission Control Device	# 1		
Comment:			
Corrective Action:		Date:	
Type: Bird Protectors	# 2		
Comment:			
Corrective Action:		Date:	
Type: Ancillary equipment	# 1		
Comment:	ECD scrubber		
Corrective Action:		Date:	
Type: Flow Line	# 1		

Comment: OOSLAT		Date:
Corrective Action:		Date:
Type: Bradenhead	# 1	
Comment: Bradenhead valve is exposed at surface.		Date:
Corrective Action:		Date:
Type: Horizontal Heated Separator	# 1	
Comment:		Date:
Corrective Action:		Date:
Type: Gas Meter Run	# 1	
Comment:		Date:
Corrective Action:		Date:

Tanks and Berms:

Contents	#	Capacity	Type	Tank ID	SE GPS
PRODUCED WATER	1	<50 BBLS	BV CONCRETE		,
Comment: 48 bbls					
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	STEEL AST		,
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:

Inspector Name: Peterson, Tom

Contents	#	Capacity	Type	Tank ID	SE GPS	
CRUDE OIL	1	300 BBLS	STEEL AST		,	
Comment:						
Corrective Action:						Date:
<u>Paint</u>						
Condition	Adequate					
Other (Content)						
Other (Capacity)						
Other (Type)						
<u>Berms</u>						
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance		
Metal	Adequate	Walls Sufficent	Base Sufficent	Adequate		
Comment:						
Corrective Action:						Date:
<u>Venting:</u>						
Yes/No	NO					
Comment:						
Corrective Action:						Date:
<u>Flaring:</u>						
Type						
Comment:						
Corrective Action:						Date:

Inspected Facilities									
Facility ID:	292505	Type:	WELL	API Number:	123-26371	Status:	TA	Insp. Status:	TA
Idle Well									
Purpose: <input type="checkbox"/> Shut In <input checked="" type="checkbox"/> Temporarily Abandoned									
Reminder:									
Comment: Form 6A #403118488									
Corrective Action:									
Date:									
BradenHead									
Date of Last Brhd Test: 09/19/2023									
Annual Brhd Completed? Yes									
Last Brhd Test Results									
Initial Surf Csg Pressure: 0									
Fluid Type:									
End Surf Csg Pressure: 0									
Comment:									
Corrective Action:									
Date:									
The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12									

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 ECMC Images (<https://ecmc.state.co.us/weblink/>) and search by document number:

Document Num	Description	URL
697009301	Photos	http://ogccweblink.state.co.us/DownloadDocumentPDF.aspx?DocumentId=6505334