

**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:

06/18/2025

Submitted Date:

06/18/2025

Document Number:

696307756

**FIELD INSPECTION FORM**Loc ID 310809 Inspector Name: PETRIE, ERICA 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:**

6 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<br>hevron.onmicrosoft.com |         |

**Inspected Facilities:**

| Facility ID | Type | Status | Status Date | Well Class | API Num   | Facility Name                | Insp Status |
|-------------|------|--------|-------------|------------|-----------|------------------------------|-------------|
| 297182      | WELL | TA     | 02/08/2016  | OW         | 123-27007 | WELLS RANCH USX AA 11<br>-06 | TA          |

**General Comment:**

This is a Well Site Field Compliance Audit

|  |                                  |        |  |                 |
|--|----------------------------------|--------|--|-----------------|
| Location   |                                  |        |  |                 |
| Overall Good: <input checked="" type="checkbox"/>      |                                  |        |  |                 |
| <b>Signs/Marker:</b>                                   |                                  |        |  |                 |
| Type   | WELLHEAD                         |        |  |                 |
| Comment:   | Adequate                         |        |  |                 |
| Corrective Action:                                     |                                  |        |  | Date:           |
| Emergency Contact Number:                              |                                  |        |  |                 |
| Comment:   |                                  |        |  |                 |
| Corrective Action:                                     |                                  |        |  | Date: _____     |
| Overall Good: <input checked="" type="checkbox"/>      |                                  |        |  |                 |
| <b>Spills:</b>   |                                  |        |  |                 |
| Type   | Area                             | Volume |  |                 |
| In Containment: No                                     |                                  |        |  |                 |
| Comment:   |                                  |        |  |                 |
| <input type="checkbox"/> Multiple Spills and Releases? |                                  |        |  |                 |
| <b>Fencing/:</b>                                       |                                  |        |  |                 |
| Type   | WELLHEAD                         |        |  |                 |
| Comment:   | Panels                           |        |  |                 |
| Corrective Action:                                     |                                  |        |  | Date:           |
| <b>Equipment:</b>                                      |                                  |        |  |                 |
|  |                                  |        |  | corrective date |
| Type: Bradenhead                                       | # 1                              |        |  |                 |
| Comment:   | Appears to be plumbed to surface |        |  |                 |
| Corrective Action:                                     |                                  |        |  | Date:           |
| Type: Other  | # 1                              |        |  |                 |
| Comment:   | TA Wellhead                      |        |  |                 |
| Corrective Action:                                     |                                  |        |  | Date:           |
| <b>Venting:</b>  |                                  |        |  |                 |
| Yes/No   |                                  |        |  |                 |
| Comment:   |                                  |        |  |                 |
| Corrective Action:                                     |                                  |        |  | Date:           |
| <b>Flaring:</b>  |                                  |        |  |                 |
| Type   |                                  |        |  |                 |
| Comment:   |                                  |        |  |                 |
| Corrective Action:                                     |                                  |        |  | Date:           |
|  |                                  |        |  |                 |

| Inspected Facilities  |        |       |      |             |           |         |    |               |    |
|---|--------|-------|------|-------------|-----------|---------|----|---------------|----|
| Facility ID:  | 297182 | Type: | WELL | API Number: | 123-27007 | Status: | TA | Insp. Status: | TA |
| Idle Well   |        |       |      |             |           |         |    |               |    |
| Purpose: <input type="checkbox"/> Shut In <input type="checkbox"/> Temporarily Abandoned Reminder: _____  |        |       |      |             |           |         |    |               |    |
| Comment: TA - 02.08.2016 Form 6A 403118488 dated 08.16.2022 with a Plug Due Date of 12.31.2030<br>Form 6N - 404142204 dated 04.10.2025 with an Expiration Date of 10/9/2025 |        |       |      |             |           |         |    |               |    |
| Corrective Action: _____ Date: _____  |        |       |      |             |           |         |    |               |    |
| The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12  |        |       |      |             |           |         |    |               |    |

Attached Documents

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

| Document Num | Description | URL   |
|--------------|-------------|---|
| 696307757    | Photos      | <a href="https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7101155">https://ecmc.state.co.us/weblink/DownloadDocumentPDF.aspx?DocumentId=7101155</a> |