

**FORM  
INSP**

Rev  
X/20

**State of Colorado  
Energy and Carbon Management Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Inspection Date:

03/04/2026

Submitted Date:

03/04/2026

Document Number:

718000071

**FIELD INSPECTION FORM**

Loc ID: 416044    Inspector Name: ALLISON, RICK    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:**

ECMC Operator Number: 100322  
Name of Operator: NOBLE ENERGY INC  
Address: 1099 18TH STREET SUITE 1500  
City: DENVER    State: CO    Zip: 80202

**Findings:**

- 3 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
, Inspections		rbucogccinspectionreports@chevron.onmicrosoft.com	All Chevron Inspections

**Inspected Facilities:**

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status
416066	WELL	PA	11/14/2023	OW	123-31249	FURROW USX AB15-99HZ	EI

**General Comment:**

ECMC Environmental Unit Inspection of Remediation Project 30076

**Inspected Facilities**

Facility ID: 416066 Type: WELL API Number: 123-31249 Status: PA Insp. Status: EI

The subreport 'InspWellFlowline' could not be found at the specified location \\10.14.12

**Environmental**

**Spills/Releases:**

Type of Spill: \_\_\_\_\_ Estimated Spill Volume: \_\_\_\_\_

Comment: ECMC observed backfill of excavation at well location in progress. Reporting shall adhere to the timeline approved on Supplemental Form 27 404400135 which requires reporting results of the excavation by June 4, 2026.

Corrective Action: \_\_\_\_\_ Date: \_\_\_\_\_

Reportable: \_\_\_\_\_ GPS: Lat \_\_\_\_\_ Long \_\_\_\_\_

Proximity to Surface Water: \_\_\_\_\_ Depth to Ground Water: \_\_\_\_\_

**Water Well Complaint:**

DWR Receipt Num: \_\_\_\_\_ Owner Name: \_\_\_\_\_ GPS : \_\_\_\_\_ Lat \_\_\_\_\_ Long \_\_\_\_\_

**Field Parameters:**

Sample Location: \_\_\_\_\_ Comment: \_\_\_\_\_