

FORM INSP Rev 05/11	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		DE ET OE ES
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Inspection Date:
07/27/2012

Document Number:
667600594

Overall Inspection:
Satisfactory

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Tracking Type	Inspector Name: <u>HICKEY, MIKE</u>
	<u>416715</u>	<u>416717</u>		

Operator Information:

OGCC Operator Number: 100322 Name of Operator: NOBLE ENERGY INC

Address: 1625 BROADWAY STE 2200

City: DENVER State: CO Zip: 80202

Contact Information:

Compliance Summary:

QtrQtr: NWSE Sec: 5 Twp: 3N Range: 67W

Inspector Comment:

New well inspection of API #05-123-31466, UPV p #05-21D et al multi-well location. The UPV P #05-18D was being worked over at the time of the inspection. Location had not yet been reduced. No stormwater BMP's were observed, and when asked the crew could not produce a copy of a stormwater plan or permit.

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	
416715	WELL	XX	04/16/2010		123-31466	UPV P 05-21D	X
416716	WELL	XX	04/16/2010		123-31467	UPRC P 05-22D	X
416748	WELL	XX	04/21/2010		123-31476	UPV P 05-18D	X
416760	WELL	XX	04/21/2010		123-31481	BERRY P 08-27D	X
416761	WELL	XX	04/21/2010		123-31482	UPRC P 04-33D	X
416809	WELL	XX	04/21/2010		123-31492	UPRC P 05-24D	X

Equipment:

Location Inventory

Special Purpose Pits: _____	Drilling Pits: <u>1</u>	Wells: <u>6</u>	Production Pits: _____
Condensate Tanks: _____	Water Tanks: _____	Separators: <u>6</u>	Electric Motors: _____
Gas or Diesel Mortors: _____	Cavity Pumps: _____	LACT Unit: _____	Pump Jacks: _____
Electric Generators: _____	Gas Pipeline: <u>1</u>	Oil Pipeline: _____	Water Pipeline: _____
Gas Compressors: _____	VOC Combustor: <u>2</u>	Oil Tanks: <u>6</u>	Dehydrator Units: _____
Multi-Well Pits: _____	Pigging Station: _____	Flare: _____	Fuel Tanks: _____

Location

Signs/Marker:

Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	X6		
BATTERY	Satisfactory	X6		
TANK LABELS/PLACARDS	Satisfactory			

Emergency Contact Number: (S/U/V) Satisfactory Corrective Date: _____

Comment:	
Corrective Action:	

Spills:				
Type	Area	Volume	Corrective action	CA Date
<input type="checkbox"/> Multiple Spills and Releases?				

Fencing/:				
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
WELLHEAD	Satisfactory	X6		

Equipment:					
Type	#	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date
Emission Control Device	2	Satisfactory			
Gas Meter Run	2	Satisfactory			
Bird Protectors	6	Satisfactory			
Horizontal Heated Separator	6	Satisfactory			
Plunger Lift	6	Satisfactory			

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____	
Contents	#	Capacity	Type	SE GPS
CRUDE OIL	6	300 BBLS	STEEL AST	40.254750,104.912810
S/U/V:	Satisfactory	Comment:		
Corrective Action:				Corrective Date:

Paint

Condition	Adequate
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Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficient	Base Sufficient	Adequate
Corrective Action				Corrective Date
Comment				

Facilities:		<input type="checkbox"/> New Tank	Tank ID: _____		
Contents	#	Capacity	Type	SE GPS	
PRODUCED WATER	6	<50 BBLS	PBV CONCRETE	,	
S/U/V:	Satisfactory	Comment:			
Corrective Action:				Corrective Date:	
Paint					
Condition					
Other (Content)	_____				
Other (Capacity)	_____				
Other (Type)	_____				
Berms					
Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance	
Corrective Action				Corrective Date	
Comment					
Venting:					
Yes/No	Comment				
Flaring:					
Type	Satisfactory/Unsatisfactory	Comment	Corrective Action	CA Date	
Ignitor/Combustor	Satisfactory				

Predrill

Location ID: 416717

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____
 Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

Comment: _____

CA: _____ **Date:** _____

Wildlife BMPs:

Comment: _____

CA: _____ **Date:** _____

Stormwater:

Erosion BMPs	Present	Other BMPs	Present

Corrective Action: _____ Date: _____

Comments: Erosion BMPs: _____
 Other BMPs: _____

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____
 Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____
 Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Facility

Facility ID: 416715 Type: WELL API Number: 123-31466 Status: XX Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 416716 Type: WELL API Number: 123-31467 Status: XX Insp. Status: PR

Producing Well

Comment: _____

Facility ID: 416748 Type: WELL API Number: 123-31476 Status: XX Insp. Status: WK

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Workover

Comment: Raising plunger depth.

Facility ID: 416760 Type: WELL API Number: 123-31481 Status: XX Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 416761 Type: WELL API Number: 123-31482 Status: XX Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Facility ID: 416809 Type: WELL API Number: 123-31492 Status: XX Insp. Status: WO

Idle Well

Purpose: Shut In Temporarily Abandoned Reminder: _____
S/V: Satisfactory CA Date: _____
CA: _____
Comment: _____

Environmental

Spills/Releases:

Type of Spill: _____ Description: _____ Estimated Spill Volume: _____
Comment: _____

Corrective Action: _____ Date: _____
 Reportable: _____ GPS: Lat _____ Long _____
 Proximity to Surface Water: _____ Depth to Ground Water: _____

Water Well: _____ Lat _____ Long _____
 DWR Receipt Num: _____ Owner Name: _____ GPS : _____

Field Parameters: _____

Sample Location: _____

Emission Control Burner (ECB): _____
 Comment: _____
 Pilot: _____ Wildlife Protection Devices (fired vessels): _____

Reclamation - Storm Water - Pit

Interim Reclamation:
 Date Interim Reclamation Started: _____ Date Interim Reclamation Completed: _____
 Land Use: IRRIGATED
 Comment: _____

1003a. Debris removed? In CM _____
 CA _____ CA Date _____
 Waste Material Onsite? In CM _____
 CA _____ CA Date _____
 Unused or unneeded equipment onsite? In CM _____
 CA _____ CA Date _____
 Pit, cellars, rat holes and other bores closed? Pass CM _____
 CA _____ CA Date _____
 Guy line anchors removed? _____ CM _____
 CA _____ CA Date _____
 Guy line anchors marked? _____ CM _____
 CA _____ CA Date _____

1003b. Area no longer in use? In Production areas stabilized ? In

1003c. Compacted areas have been cross ripped? In

1003d. Drilling pit closed? _____ Subsidence over on drill pit? _____

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? In

Production areas have been stabilized? In Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced In Recontoured In Perennial forage re-established In

Non-Cropland

Inspector Name: HICKEY, MIKE

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment: _____

Overall Interim Reclamation In Process

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: IRRIGATED _____

Reminder: _____

Comment: _____

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment: _____

Corrective Action: _____ Date _____

Overall Final Reclamation

Storm Water:

Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment

S/U/V: _____ Corrective Date: _____

Comment: _____

CA: _____