

State of Colorado
Oil and Gas Conservation Commission

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



Document Number:

401519106

Date Received:

01/18/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 2 CAs from the FIR responded to on this Form

2 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 1001 NOBLE ENERGY WAY

City: HOUSTON State: TX Zip: 77070

Contact Name and Telephone:

Name: _____

Phone: () _____ Fax: () _____

Email: _____

Additional Operator Contact:

Contact Name

Tesla Dougherty

Phone

970-304-5245

Email

Tesla.dougherty@nblenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 684904765

Inspection Date: 12/13/2017

FIR Submit Date: 12/13/2017

FIR Status: _____

Inspected Operator Information:

Company Name: NOBLE ENERGY INC

Company Number: 100322

Address: 1001 NOBLE ENERGY WAY

City: HOUSTON State: TX Zip: 77070

LOCATION - Location ID: 410190

Location Name: GLOVER USX B-65N64W Number: 15NWSE County: WELD

Qtrqr: NWSE Sec: 15 Twp: 5N Range: 64W Meridian: 6

Latitude: 40.397730 Longitude: -104.533630

FACILITY - API Number: 05-123- -00 Facility ID: 247214

Facility Name: LOUSTALET Number: B15-10

Qtrqr: NWSE Sec: 15 Twp: 5N Range: 64W Meridian: 6

Latitude: 40.397730 Longitude: -104.533630

CORRECTIVE ACTIONS:

1 CA# 113380

Corrective Action: Anchor equipment ensuring anchors are engineered so the equipment will resist flotation, collapse, lateral movement, or subsidence per Rule 603.h.(2)B. Refer to the 603.h guidance document for further details.

Date: 01/15/2018

Response: CA COMPLETED

Date of Completion: 01/16/2018

Operator Comment: The pits have been anchored

COGCC Decision: _____

COGCC
Representative:

2 CA# 113381

Corrective Action: Comply with Rule 603.f .

Date: 12/26/2017

Response: CA COMPLETED

Date of Completion: 01/16/2018

Operator
Comment:

Trash has been removed from the wellhead and along the lease road.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Tesla Dougherty

Signed: _____

Title: EHS Specialist

Date: 1/18/2018 2:41:30 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files