

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:

401690995

Date Received:

07/02/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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

Jacob Evans

Phone

970-304-5329

Email

jacob.evans@nbleenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690100605

Inspection Date: 06/20/2018

FIR Submit Date: 06/25/2018

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: 330386

Location Name: HSR-FOSTER-63N65W Number: 35NWNW County: WELD

Qtrqr: NWN Sec: 35 Twp: 3N Range: 65W Meridian: 6
W

Latitude: 40.187772 Longitude: -104.638603

FACILITY - API Number: 05-123- -00 Facility ID: 251204

Facility Name: HSR-FOSTER Number: 4-35

Qtrqr: NWN Sec: 35 Twp: 3N Range: 65W Meridian: 6
W

Latitude: 40.187772 Longitude: -104.638603

CORRECTIVE ACTIONS:

1 CA# 116959

Corrective Action: Email information as requested and update supplemental form 19 to include the following:
Document the root cause of flowline failure resulting in the release, measures taken to prevent the problem from reoccurring and description of flowline repairs completed (*add information/ complete the CA section of the supplemental form 19).

Date: 07/23/2018

Response: CA COMPLETED

Date of Completion: 07/02/2018

Corrective Actions Completed.

Operator Comment: _____

COGCC Decision: _____

COGCC Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Corrective Actions Completed.

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

Print Name: Jacob Evans Signed: _____

Title: Environmental Coordinator Date: 7/2/2018 8:42:35 AM

ATTACHMENT LIST

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

<u>Document Number</u>	<u>Description</u>
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Total Attach: 0 Files