

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:

401889007

Date Received:

12/31/2018

FIR RESOLUTION FORM

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	Phone	Email
Jacob Evans	970-3045329	jacob.evans@nblenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679300032

Inspection Date: 12/03/2018

FIR Submit Date: 12/04/2018

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: 327048

Location Name: VETTING PM F-65N65W Number: 26SWNE County: _____

Qtrqr: SWNE Sec: 26 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.372058 Longitude: -104.627511

FACILITY - API Number: 05-123-00 Facility ID: 327048

Facility Name: VETTING PM F-65N65W Number: 26SWNE

Qtrqr: SWNE Sec: 26 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.372058 Longitude: -104.627511

CORRECTIVE ACTIONS:

1 CA# 120767

Corrective Action: The Operator shall submit a Form 27 Site Investigation and Remediation Workplan for the removal of a buried/partially buried produced water vessel in accordance with Rule 905.b. and for the investigation and remediation of impacts to groundwater in accordance with Rule 909.c. The Form 27 Workplan may be submitted with the excavation and site assessment results, but should be submitted no later than 90 days from the Spill Report Date in order to resolve this release.

Date: _____

Response: CA COMPLETED

Date of Completion: 12/19/2018

The form 27 was submitted and approved on December 19, 2018. See document number 401880825.

Operator _____
Comment:

COGCC Decision: Approved via an AMI

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: Jacob Evans

Signed: _____

Title: Environmental Coordinator

Date: 12/31/2018 8:54:43 AM

ATTACHMENT LIST

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

Document Number **Description**

401889007	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files