

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:

402286769

Date Received:

01/15/2020

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

Phone

Email

Kimberly Mollenhauer

9703045307

kimberly.mollenhauer@nbleenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696501182

Inspection Date: 12/02/2019

FIR Submit Date: 12/02/2019

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: 327830

Location Name: SCHAEFER-64N66W Number: 13SESW County: _____

Qtrqr: SESW Sec: 13 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.307160 Longitude: -104.727680

FACILITY - API Number: 05-123- -00 Facility ID: 327830

Facility Name: SCHAEFER-64N66W Number: 13SESW

Qtrqr: SESW Sec: 13 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.307160 Longitude: -104.727680

CORRECTIVE ACTIONS:

1 CA# 135006

Corrective Action: Repair or install berms or other secondary containment devices per Rule 605.a.(4).

Date: 01/10/2020

Response: CA COMPLETED

Date of Completion: 01/09/2020

Operator Comment: Noble has repaired the berms and removed trash on-site. Please see the attached photo log.

COGCC Decision: _____

COGCC Representative:			
2	CA# 135007		
Corrective Action:	Comply with Rule 603.f .		Date: <u>01/10/2020</u>
Response:	CA COMPLETED		Date of Completion: <u>01/09/2020</u>
Operator Comment:	Noble has repaired the berms and removed trash on-site. Please see the attached photo log.		
COGCC Decision:			
COGCC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
<p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>Kimberly Mollenhauer</u> Signed: _____</p> <p>Title: <u>EHS Technician</u> Date: <u>1/15/2020 2:13:31 PM</u></p>	

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>

Total Attach: 0 Files