

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:
402286811

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 |
|-----------------------------|-------------------|---|
| <u>KIMBERLY MOLLENHAUER</u> | <u>9703045307</u> | <u>KIMBERLY.MOLLENHAUER@NBLENERGY.COM</u> |

COGCC INSPECTION SUMMARY:

FIR Document Number: 699100643

Inspection Date: 11/27/2019

FIR Submit Date: 11/27/2019

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: 332012

Location Name: CONNELL C-64N64W Number: 4SWNW County: WELD

Qtrqr: SWN Sec: 4 Twp: 4N Range: 64W Meridian: 6
W

Latitude: 40.343537 Longitude: -104.562928

FACILITY - API Number: 05-123-00 Facility ID: 269687

Facility Name: CONNELL C Number: 4-5

Qtrqr: SWN Sec: 4 Twp: 4N Range: 64W Meridian: 6
W

Latitude: 40.343537 Longitude: -104.562928

CORRECTIVE ACTIIONS:

1 CA# 134929

Corrective Action: Per Rule 605.c.3

Date: 12/10/2019

Response: CA COMPLETED

Date of Completion: 01/08/2020

Operator Comment: NOBLE REMOVED THE UNUSED EQUIPMENT.

COGCC Decision: _____

COGCC
Representative:

2 CA# 134930

Corrective Action: Comply with Rule 603.f .

Date: 12/10/2019

Response: CA COMPLETED

Date of Completion: 01/08/2020

Operator
Comment: NOBLE REPAIRED THE FENCE AROUND THE WELLHEAD.

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: KIMBERLY MOLLENHAUER

Signed: _____

Title: EHS TECHNICIAN

Date: 1/15/2020 2:22:51 PM

ATTACHMENT LIST

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

Document Number **Description**

| <u>Document Number</u> | <u>Description</u> |
|-------------------------------|---------------------------|
| | |

Total Attach: 0 Files