

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

Qtrqtr: 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

Qtrqtr: 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: Approved

COGCC Representative: Met expectations from prior inspection #699100863

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: Approved

COGCC Representative: Met expectations from prior inspection #699100863

**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.

<u>Document Number</u>	<u>Description</u>
402286811	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files