

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:

402290614

Date Received:

01/21/2020

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

KIMBERLY MOLLENHAUER

Phone

9703045307

Email

KIMBERLY.MOLLENHAUER@NBLENERGY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 696501396

Inspection Date: 01/02/2020

FIR Submit Date: 01/02/2020

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: 329441

Location Name: BERNHARDT-64N67W Number: 13NWNE County: _____

Qtrqr: NWNE Sec: 13 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.318540 Longitude: -104.838950

FACILITY - API Number: 05-123- -00 Facility ID: 443702

Facility Name: Bernhardt Number: 13-12 Tank

Qtrqr: NWNE Sec: 13 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.318540 Longitude: -104.838950

CORRECTIVE ACTIONS:

1 CA# 135677

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

Date: 02/03/2020

Response: CA COMPLETED

Date of Completion: 01/07/2020

Operator
Comment: NOBLE REPAIRED THE TANK BERMS.

COGCC Decision: _____

COGCC Representative:			
2	CA# 135678		
Corrective Action:	Comply with Rule 603.f .		Date: <u>02/03/2020</u>
Response:	CA COMPLETED		Date of Completion: <u>01/07/2020</u>
Operator Comment:	NOBLE REMOVED THE BROKEN CONCRETE NEXT TO THE SEPERATOR.		
COGCC Decision:			
COGCC Representative:			

<u>OPERATOR COMMENT AND SUBMITTAL</u>	
Comment:	
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Print Name: <u>KIMBERLY MOLLENHAUER</u>	Signed: _____
Title: <u>EHS TECHNICIAN</u>	Date: <u>1/21/2020 8:21:04 AM</u>

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