

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:

402319064

Date Received:

02/21/2020

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: 699101115

Inspection Date: 02/14/2020

FIR Submit Date: 02/14/2020

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: 302868

Location Name: HERBST C-64N64W Number: 27SESW County: WELD

Qtrqr: SESW Sec: 27 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.276748 Longitude: -104.541733

FACILITY - API Number: 05-123-00 Facility ID: 301291

Facility Name: HERBST C Number: 34-29

Qtrqr: SESW Sec: 27 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.276748 Longitude: -104.541733

CORRECTIVE ACTIONS:

1 CA# 136555

Corrective Action: Comply with Rule 603.f .

Date: 02/26/2020

Response: CA COMPLETED

Date of Completion: 02/19/2020

Operator Comment: NOBLE REMOVED THE WEEDS AROUND THE WELLHEAD.

COGCC Decision: _____

COGCC
Representative:

2 CA# 136556

Corrective Action: Wellhead shall be adequately
Fenced to prevent access by Animals when the producing well or equipment is easily
Accessible and poses a physical or health hazard. Per Rule 605.c.3

Date: 02/26/2020

Response: CA COMPLETED

Date of Completion: 02/19/2020

Operator
Comment:

NOBLE REPAIRED THE PANEL GATE 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 TECH

Date: 2/21/2020 7:55:48 AM

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>
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Total Attach: 0 Files