

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:

402308379

Date Received:

02/10/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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: 696102082

Inspection Date: 02/01/2020

FIR Submit Date: 02/01/2020

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: 306658

Location Name: WELL RANCH-USXAA-66N63W Number: 35NENW County: \_\_\_\_\_

Qtrqtr: NENW Sec: 35 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.446930 Longitude: -104.408330

FACILITY - API Number: 05-123-00 Facility ID: 306658

Facility Name: WELL RANCH-USXAA-66N63W Number: 35NENW

Qtrqtr: NENW Sec: 35 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.446930 Longitude: -104.408330

CORRECTIVE ACTIONS:

1 ☒ CA# 136290

Corrective Action: Remove 7 drums motor oil, 2 drip trays from Temporarily Abandoned | TA wellsite. Comply w/ Rule 603.f. See photo #3.

Date: 02/18/2020

Response: CA COMPLETED

Date of Completion: 02/10/2020

NOBLE REMOVED THE OLD OIL DRUMS AND DRIP TRAYS FROM AROUND THE WELLHEAD.

Operator  
Comment:

COGCC Decision: Approved

COGCC Representative: Field Inspection Report doc #696102316 dated 02/21/2020 confirms that  
7 drums motor oil, 2 drip trays at Temporarily Abandoned | TA wellsite. NOW removed.  
Corrective Action appears addressed.

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: 2/10/2020 3:46:10 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402308379	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files