FORM FIRR

Rev 5/16

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: 402332843

Date Received: 03/05/2020

FIR RES	OLUTIO	N FORM
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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 INF	ORMATION
OGCC Operator Number: 100322	Contact Name and Telephone:
Name of Operator: NOBLE ENERGY INC	Name:
Address: 1001 NOBLE ENERGY WAY	Phone: () Fax: ()
City: HOUSTON State: TX Zip: 77070	Email:
Additional Operator Contact:	
Contact Name Phone	Email
Kraich, Adam	adam.kraich@state.co.us
-	NBL_DJBU_Inspections@NBLENERGY.COM
COGCC INSPECTION SUMMARY:	
FIR Document Number: 696301436	
Inspection Date: 02/25/2020 FIR Submit Date: 02/25/	/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: 439896	
Location Name: Remora Number: LC34-7	245 County:
Qtrqtr: NWNE Sec: 34 Twp: 9N Range: 5	59W Meridian: 6
Latitude: 40.712050 Longitude: -103.959830	
FACILITY - API Number: 05-12300 Facility	/ ID: 439896
Facility Name: Remora Number: LC34-7	
Qtrqtr: NWNE Sec: 34 Twp: 9N Range: 5 Latituda: 40.742050 Langituda: 402.050820 </td <td>59W Meridian: 6</td>	59W Meridian: 6
Latitude: 40.712050 Longitude: -103.959830	
<u>`CORRECTIVE ACTIIONS</u> :	
1 CA# 136708	D (00/05/5555
Corrective Action: Comply with Rule 210.b.	Date: 03/25/2020
Response: <u>CA COMPLETED</u> D	pate of Completion: 03/04/2020
Operator Comment: NOBLE INSTALLED THE WELLHEAD SIGN AT H	HALEY LC27-711.

COGCC Decision:	·	
COGCC Representative:		
2 CA# 136709		
Corrective Action:	Comply with Rule 603.f.	Date: 03/25/2020
Response:	CA COMPLETED Date of Completion: 02/28/2020	
Operator Comment:	NOBLE REMOVED THE UNUSED CHEMICAL TANK FROM HALEY LC27-711 AND 7	15 WELLHEADS.
COGCC Decision:		
COGCC Representative:		
OPERATOR COMM	ENT AND SUBMITTAL	
Comment:		
I hereby certify th complete.	hat the statements made in this form are, to the best of my knowledge, true, corr	rect, and
Print Name: KIM	IBERLY MOLLENHAUER Signed:	
Title: EHS TECH	Date: 3/5/2020 6:21:29 AM	
	ATTACHMENT LIST	

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

Document Number	Description
Total Attach: 0 Files	