

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:
402333476

Date Received:
03/05/2020

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>Kraich, Adam</u>		<u>adam.kraich@state.co.us</u>
<u>-</u>		<u>NBL_DJBU_Inspections@NBLENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301438

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: 440020

Location Name: Faith Number: LC34-785 Multi County: _____

Qtrqr: NWN Sec: 34 Twp: 9N Range: 59W Meridian: 6
W

Latitude: 40.711950 Longitude: -103.969170

FACILITY - API Number: 05-123-00 Facility ID: 440020

Facility Name: Faith Number: LC34-785 Multi

Qtrqr: NWN Sec: 34 Twp: 9N Range: 59W Meridian: 6
W

Latitude: 40.711950 Longitude: -103.969170

CORRECTIVE ACTIONS:

1 CA# 136710

Corrective Action: Comply with Rule 210.d.

Date: 03/25/2020

Response: CA COMPLETED

Date of Completion: 02/28/2020

Noble replaced the missing labels on the produced water tanks.

Operator _____
Comment: _____

COGCC Decision: _____

COGCC Representative: _____

2 CA# 136711

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 walkover steps and pipes.

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: 3/5/2020 11:41:06 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>

Total Attach: 0 Files