

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:  
402443967

Date Received:  
07/15/2020

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

Jacob Evans

9703045329

jacob.evans@nblenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 691201327

Inspection Date: 07/08/2020

FIR Submit Date: 07/09/2020

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: 318333

Location Name: EDWARD HEMPLE UNIT-64N65W Number: 20NWNW County: \_\_\_\_\_

Qtrqtr: SWN Sec: 20 Twp: 4N Range: 65W Meridian: 6  
W

Latitude: 40.302039 Longitude: -104.692251

FACILITY - API Number: 05-123-00 Facility ID: 459573

Facility Name: Edward Hemple Unit 1 Number: \_\_\_\_\_

Qtrqtr: SWN Sec: 20 Twp: 4N Range: 65W Meridian: 6  
W

Latitude: 40.302039 Longitude: -104.692251

CORRECTIVE ACTIIONS:

1 CA# 140343

Corrective Action: Comply with Rule 1003.f.

Date: 07/13/2020

Response: CA COMPLETED

Date of Completion: 07/14/2020

Operator Comment: Weeds mowed and sprayed per landowner

COGCC Decision: \_\_\_\_\_

COGCC Representative: \_\_\_\_\_

**2** CA# 140344

Corrective Action: Operator shall contact COGCC Area EPS to discuss converting stickup wells to flush mount or subsurface.

Date: 07/23/2020

Response: CA COMPLETED

Date of Completion: 07/14/2020

Operator Comment: Stick-ups converted to flush mount

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: Jacob Evans

Signed: \_\_\_\_\_

Title: Environmental Coordinator

Date: 7/15/2020 12:37:04 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files