

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:

402286906

Date Received:

01/15/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

2 of 3 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: 679601947

Inspection Date: 11/21/2019

FIR Submit Date: 11/21/2019

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: 323190

Location Name: FLATIRON-66N66W Number: 36NWSE County: \_\_\_\_\_

Qtrqr: NWSE Sec: 36 Twp: 6N Range: 66W Meridian: 6

Latitude: 40.442789 Longitude: -104.722563

FACILITY - API Number: 05-123- -00 Facility ID: 323190

Facility Name: FLATIRON-66N66W Number: 36NWSE

Qtrqr: NWSE Sec: 36 Twp: 6N Range: 66W Meridian: 6

Latitude: 40.442789 Longitude: -104.722563

CORRECTIVE ACTIONS:

2 ☒ CA# 134794

Corrective Action: Comply with Rule 603.f.

Date: 10/23/2019

Response: CA COMPLETED

Date of Completion: 01/06/2020

Operator Comment: NOBLE REMOVED THE UNUSED EQUIPMENT.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

3 ☒ CA# 134795

Corrective Action: Comply with Rule 603.f.

Date: 10/18/2019

Response: CA COMPLETED

Date of Completion: 12/05/2019

Operator  
Comment:

NOBLE REMOVED THE WEEDS INSIDE THE WELLHEAD FENCING.

COGCC Decision: Approved pending re-inspection

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 TECHNICIAN

Date: 1/15/2020 2:56:08 PM

### 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>
402286906	FIR RESOLUTION FORM
402449605	FIR RESOLUTION SUBMITTED

Total Attach: 2 Files