

State of Colorado Oil and Gas Conservation Commission

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Document Number:
402523630

Date Received:
11/02/2020

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>Tesla Dougherty</u>	<u>970-304-5245</u>	<u>tesla.dougherty@nblenergy.com</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699102598

Inspection Date: 10/13/2020

FIR Submit Date: 10/13/2020

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: 310871

Location Name: BOOTH C-64N64W Number: 25NENW County: _____

Qtrqr: NENW Sec: 25 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.287302 Longitude: -104.503809

FACILITY - API Number: 05-123-00 Facility ID: 310871

Facility Name: BOOTH C-64N64W Number: 25NENW

Qtrqr: NENW Sec: 25 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.287302 Longitude: -104.503809

CORRECTIVE ACTIIONS:

1 CA# 142698

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 11/03/2020

Response: CA COMPLETED

Date of Completion: 10/26/2020

Operator Comment: Noble Energy has fixed the leak on the grease fitting.

COGCC Decision: _____

COGCC
Representative:

2 CA# 142699

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 11/03/2020

Response: CA COMPLETED

Date of Completion: 10/26/2020

Operator
Comment: Noble Energy has fixed the leak on the bleeder box.

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: Tesla Dougherty

Signed: _____

Title: EHS Specialist

Date: 11/2/2020 1:54:19 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