

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:

402699150

Date Received:

05/24/2021

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

-

NBL_DJBU_Inspections@NBLENERGY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103548

Inspection Date: 05/03/2021

FIR Submit Date: 05/04/2021

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: 479882

Location Name: 1-4N-64W NESW Amigo Farms TB Loc Number: _____ County: _____

Qtrqtr: NESW Sec: 1 Twp: 4N Range: 64W Meridian: 6

Latitude: _____ Longitude: _____

FACILITY - API Number: 05-123- -00 Facility ID: 479883

Facility Name: 1-4N-64W NESW Amigo Farms TB Number: _____

Qtrqtr: NESW Sec: 1 Twp: 4N Range: 64W Meridian: 6

Latitude: _____ Longitude: _____

CORRECTIVE ACTIONS:

1 CA# 150546

Corrective Action: Repair or install berms or other secondary containment devices per Rule 603.o.

Date: 06/08/2021

Response: CA COMPLETED

Date of Completion: 05/05/2021

Operator
Comment:

Berms have been repaired

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 150547

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 06/08/2021

Response: CA COMPLETED

Date of Completion: 05/05/2021

Operator Comment: Because this well is classified as "long-term shut in," it was confirmed per Regulatory manager, Mo Montoya, that annual calibration isn't required if a well has no future plans of being brought back online

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: Alan Figurski

Signed: _____

Title: WSS

Date: 5/24/2021 4:30:50 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>
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Total Attach: 0 Files