

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:
402719093

Date Received:
06/15/2021

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 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

1

Adamczyk, Megan

NBL_DJBU_Inspections@NBLENERGY.COM

megan.adamczyk@state.co.us

Greg.Synowka@nblenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697502670

Inspection Date: 03/10/2021

FIR Submit Date: 03/18/2021

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: 461262

Location Name: Roskop Number: _____ County: _____

Qtrqr: NENE Sec: 10 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.333900 Longitude: -104.527500

FACILITY - API Number: 05-123-00 Facility ID: 461262

Facility Name: Roskop Number: _____

Qtrqr: NENE Sec: 10 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.333900 Longitude: -104.527500

CORRECTIVE ACTIONS:

1 CA# 147518

Corrective Action: Comply with Rule 1004 standards to properly contour the tank battery location and perform additional final reclamation activities, including but not limited to seeding.

Date: _____

Collaborate with the landowner to determine mitigating measures that will allow reclamation work to be conducted in such a manner as to not interfere with agricultural activities or crop production.

There is no corrective action date because this may be referred to Enforcement.

Response: CA COMPLETED

Date of Completion: 06/14/2021

Operator
Comment: Reclamation activities have been completed.

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: 6/15/2021 12:50:08 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>
402719098	img 1
402719099	img 2
402719100	img 3
402719101	img 4

Total Attach: 4 Files