

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402736821

Date Received:
07/02/2021

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
.		<u>NBL_DJBU_Inspections@NBLENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103926

Inspection Date: 06/24/2021

FIR Submit Date: 06/24/2021

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: 421976

Location Name: UPV C Number: 23-27 County: _____

Qtrqr: SWSE Sec: 14 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.305650 Longitude: -104.513640

FACILITY - API Number: 05-123-00 Facility ID: 421976

Facility Name: UPV C Number: 23-27

Qtrqr: SWSE Sec: 14 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.305650 Longitude: -104.513640

CORRECTIVE ACTIONS:

1 CA# 152203

Corrective Action: "Properly dispose of oily waste in accordance with 905.e."

Date: 07/02/2021

Response: CA COMPLETED

Date of Completion: 07/01/2021

Operator Comment: Stained soil has been removed

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 152204

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.

Date: 07/02/2021

Response: CA COMPLETED

Date of Completion: 07/01/2021

Operator
Comment: Master valve has been repaired

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: 7/2/2021 7:09:56 AM

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