

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:

402881266

Date Received:

11/29/2021

FIR RESOLUTION FORM

Overall Status:

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

-

rbucogccinspectionreports@chevron.onmicrosoft.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 697503320

Inspection Date: 10/06/2021

FIR Submit Date: 10/11/2021

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: 329842

Location Name: STATE-64N67W Number: 36NENW County: _____

Qtrqtr: NENW Sec: 36 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.273930 Longitude: -104.841680

FACILITY - API Number: 05-123-00 Facility ID: 329842

Facility Name: STATE-64N67W Number: 36NENW

Qtrqtr: NENW Sec: 36 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.273930 Longitude: -104.841680

CORRECTIVE ACTIONS:

1 CA# 156651

Corrective Action: Comply with Rule 1004. 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. Provide documentation within the FIR Resolution form of when the corrective action work will be completed and provide date and documentation of coordination with the surface owner.

Date: 10/06/2021

The corrective date is not intended to be the date for which the Operator shall complete the corrective actions but rather the corrective date is the date the location was observed out of compliance.

Response: CA COMPLETED

Date of Completion: 11/01/2021

Operator
Comment: 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: Abby Jayeola

Signed:

Title: WFS

Date: 11/29/2021 11:54:45 AM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

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Total Attach: 0 Files