

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:
402881429

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: 697503324

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: 329023

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

Qtrqr: NWN Sec: 36 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.274070 Longitude: -104.846410

FACILITY - API Number: 05-123-00 Facility ID: 329023

Facility Name: STATE-64N67W Number: 36NWNW

Qtrqr: NWN Sec: 36 Twp: 4N Range: 67W Meridian: 6

Latitude: 40.274070 Longitude: -104.846410

CORRECTIVE ACTIONS:

1 CA# 156661

Corrective Action:

Date: 10/06/2021

Comply with Rule 1004 for the associated offsite tank battery which includes weed management. 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.

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 1:30:53 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> |
|------------------------|--------------------|
|------------------------|--------------------|

Total Attach: 0 Files