

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:  
402887175

Date Received:  
12/03/2021

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

Dougherty, Tesla

Tesla.Dougherty@chevron.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 693505778

Inspection Date: 11/10/2021

FIR Submit Date: 11/10/2021

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: 417667

Location Name: WALCKER AB Number: 12-12 County: WELD

Qtrqr: NWS Sec: 12 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.585790 Longitude: -104.504550

FACILITY - API Number: 05-123-00 Facility ID: 417662

Facility Name: WALCKER AB Number: 12-12

Qtrqr: NWS Sec: 12 Twp: 7N Range: 64W Meridian: 6

Latitude: 40.585790 Longitude: -104.504550

CORRECTIVE ACTIONS:

1 CA# 157681

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

Date: 12/10/2021

Response: CA COMPLETED

Date of Completion: 11/30/2021

Operator  
Comment:

Cleaned up stained soil around well head.

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: Wes Larimore

Signed:

Title: HSE

Date: 12/3/2021 4:58:00 PM

**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