

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:
402894974

Date Received:
12/09/2021

FIR RESOLUTION FORM

Overall Status:

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

Dougherty, Tesla

rbucogccinspectionreports@chevron.onmicrosoft.com
Tesla.Dougherty@chevron.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699104868

Inspection Date: 12/01/2021

FIR Submit Date: 12/01/2021

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: 326842

Location Name: VICTOR C-64N64W Number: 19NWSE County: _____

Qtrqtr: NWSE Sec: 19 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.295964 Longitude: -104.591972

FACILITY - API Number: 05-123- -00 Facility ID: 326842

Facility Name: VICTOR C-64N64W Number: 19NWSE

Qtrqtr: NWSE Sec: 19 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.295964 Longitude: -104.591972

CORRECTIVE ACTIONS:

1 CA# 158215

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

Date: 11/17/2021

Response: CA COMPLETED

Date of Completion: 12/08/2021

Operator
Comment: oily waste cleaned up.

COGCC Decision: _____

| | | | |
|-----------------------|----------------------|--|---------------------------------------|
| COGCC Representative: | | | |
| 2 | CA# 158216 | | |
| Corrective Action: | Comply with Rule 606 | | Date: <u>11/17/2021</u> |
| Response: | CA COMPLETED | | Date of Completion: <u>12/08/2021</u> |
| Operator Comment: | Trash picked up. | | |
| COGCC Decision: | | | |
| COGCC Representative: | | | |

| | |
|--|--|
| <u>OPERATOR COMMENT AND SUBMITTAL</u> | |
| Comment: | |
| <p>I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.</p> <p>Print Name: <u>Wes Larimore</u> Signed: _____</p> <p>Title: <u>HSE</u> Date: <u>12/9/2021 4:50:38 PM</u></p> | |

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