

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:

402893529

Date Received:

12/08/2021

FIR RESOLUTION FORM

Overall Status: CAC

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

rbucogccinspectionreports@chevron.onmicrosoft.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699104872

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: 425757

Location Name: Klingenberg Number: C20-780 County: \_\_\_\_\_  
Tank

Qtrqtr: SWS Sec: 20 Twp: 4N Range: 64W Meridian: 6  
W

Latitude: 40.290700 Longitude: -104.579500

FACILITY - API Number: 05-123- -00 Facility ID: 481064

Facility Name: 20-4N-64W SWSW Number: \_\_\_\_\_  
Klingenberg TB

Qtrqtr: SWS Sec: 20 Twp: 4N Range: 64W Meridian: 6  
W

Latitude: 40.290700 Longitude: -104.579500

CORRECTIVE ACTIONS:

1 ☒ CA# 158219

Corrective Action: Upon removing a flowline or crude oil transfer line from use with the intent to abandon, an operator must immediately apply OOSLAT to the risers. OOSLAT must stay in place at all times during the process of abandoning the flowline or crude oil transfer line until the operator removes the riser. Comply with Rule 1105.b

Date: 11/19/2021

Response: CA COMPLETED

Date of Completion: 12/07/2021

Operator  
Comment: tag applied

COGCC Decision: Approved pending re-inspection

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: 12/8/2021 5:51:56 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402893529	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files