

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:  
402894965

Date Received:  
12/09/2021

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
.		<a href="mailto:rbucogccinspectionreports@chevron.onmicrosoft.com">rbucogccinspectionreports@chevron.onmicrosoft.com</a>
<a href="#">Wes Larimore</a>	<a href="tel:281-841-9979">281-841-9979</a>	<a href="mailto:wes.larimore@chevron.com">wes.larimore@chevron.com</a>
<a href="#">Dougherty, Tesla</a>		<a href="mailto:Tesla.Dougherty@chevron.com">Tesla.Dougherty@chevron.com</a>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699104876

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: 330141

Location Name: TRAVELERS-64N64W Number: 21SENE County: \_\_\_\_\_

Qtrqtr: SENE Sec: 21 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.300820 Longitude: -104.549830

FACILITY - API Number: 05-123-00 Facility ID: 330141

Facility Name: TRAVELERS-64N64W Number: 21SENE

Qtrqtr: SENE Sec: 21 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.300820 Longitude: -104.549830

CORRECTIVE ACTIONS:

1  CA# 158222

Corrective Action: Comply with Rule 606.

Date: 12/24/2021

Response: CA COMPLETED

Date of Completion: 12/09/2021

Operator Comment: area around well head cleaned up. Tags 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: 12/9/2021 4:38:45 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

402894965	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files