

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
403159615

Date Received:
09/19/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 CA Completed
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 2001 16TH STREET SUITE 900

City: DENVER State: CO Zip: 80202

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: 696304414

Inspection Date: 09/01/2022

FIR Submit Date: 09/02/2022

FIR Status: _____

Inspected Operator Information:

Company Name: NOBLE ENERGY INC

Company Number: 100322

Address: 2001 16TH STREET SUITE 900

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 433070

Location Name: Rohn State Number: LD03-67-1HN Pad County: _____

Qtrqtr: SENE Sec: 4 Twp: 9N Range: 58W Meridian: 6

Latitude: 40.782870 Longitude: -103.861480

FACILITY - API Number: 05-123-00 Facility ID: 433070

Facility Name: Rohn State Number: LD03-67-1HN Pad

Qtrqtr: SENE Sec: 4 Twp: 9N Range: 58W Meridian: 6

Latitude: 40.782870 Longitude: -103.861480

CORRECTIVE ACTIONS:

1 CA# 164300

Corrective Action: Install sign to comply with Rule 605.h. or Comply with Rule 606 if not in use

Date: 10/03/2022

Response: CA COMPLETED

Date of Completion: 09/06/2022

Operator Comment: Sign installed

COGCC Decision: _____

COGCC Representative: _____

2 CA# 164301

Corrective Action: Comply with Rule 606

Date: 09/09/2022

Response: CA COMPLETED

Date of Completion: 09/06/2022

Operator Comment: Complied with Rule 606

COGCC Decision: _____

COGCC Representative: _____

3 CA# 164302

Corrective Action: Comply with Rule 606 and 1003.f.

Date: 09/19/2022

Response: CA COMPLETED

Date of Completion: 09/15/2022

Operator Comment: complied with rule 606 and 1003.

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: Javier

Signed: _____

Title: HSE

Date: 9/19/2022 7:25:32 AM

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