

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:

403219054

Date Received:

11/23/2022

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: 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

1

rbucogccinspectionreports@chevron.onmicrosoft.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 707600417

Inspection Date: 10/27/2022

FIR Submit Date: 10/28/2022

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: 302509

Location Name: BASHOR STATE AA-66N63W Number: 16NWNE County: _____

Qtrqtr: NWNE Sec: 16 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.492276 Longitude: -104.439902

FACILITY - API Number: 05-123-00 Facility ID: 302509

Facility Name: BASHOR STATE AA-66N63W Number: 16NWNE

Qtrqtr: NWNE Sec: 16 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.492276 Longitude: -104.439902

CORRECTIVE ACTIONS:

1 CA# 165776

Corrective Action: *Remove, manage, & control weeds around wellsite.
Comply with Rule 606.c.
Corrective Action date: 11/04/2022. (7-days).
See photo #1.

Date: 11/04/2022

Response: CA COMPLETED

Date of Completion: 11/03/2022

Operator Comment: Complied with Rule 606.c.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 165777

Corrective Action: *Post sign w/ Emergency number at wellsite.
Comply with Rule 605.d.
Corrective Action date: 11/28/2022. (30-days).
See photo #1.

Date: 11/28/2022

Response: CA COMPLETED

Date of Completion: 11/23/2022

Operator
Comment: sign hung

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 L

Signed: _____

Title: HSE

Date: 11/23/2022 10:50:12 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>
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403219055	pic
403238702	pic

Total Attach: 2 Files