

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:

403367011

Date Received:

04/13/2023

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

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rbucogccinspectionreports@chevron.onmicrosoft.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696304763

Inspection Date: 03/31/2023

FIR Submit Date: 03/31/2023

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: 423037

Location Name: COPPERHEAD Number: LD14-04 County: WELD

Qtrqr: NWN Sec: 14 Twp: 9N Range: 58W Meridian: 6
W

Latitude: 40.757340 Longitude: -103.839000

FACILITY - API Number: 05-123-00 Facility ID: 423026

Facility Name: CASTOR FEDERAL LD Number: 14-68HN

Qtrqr: NWN Sec: 14 Twp: 9N Range: 58W Meridian: 6
W

Latitude: 40.757340 Longitude: -103.839000

CORRECTIVE ACTIONS:

1 CA# 168822

Corrective Action: For localized stained soils or oily waste - "Properly dispose of oily waste in accordance with 905.e."

Date: 04/28/2023

Response: CA COMPLETED

Date of Completion: 04/12/2023

Operator Comment: Complied with rule 905.e.

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 168823

Corrective Action: Install sign to comply with Rule 605.h.

Date: 04/28/2023

Response: CA COMPLETED

Date of Completion: 04/05/2023

Operator
Comment: Complied with Rule 605.h.

COGCC Decision: _____

COGCC
Representative: _____

OPERATOR COMMENT AND SUBMITTAL

Comment: Complied with rule 905.e. Please see attached picture

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name: Isaiah Flores

Signed: _____

Title: HSE

Date: 4/13/2023 5:50:50 PM

ATTACHMENT LIST

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

Document Number Description

403367013	pic
403373517	pic

Total Attach: 2 Files