

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:
403409916

Date Received:
05/23/2023

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: 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: 707601148

Inspection Date: 04/25/2023

FIR Submit Date: 04/25/2023

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: 302564

Location Name: ROUSE USX A-66N64W Number: 5SENW County: _____

Qtrqr: SENW Sec: 5 Twp: 6N Range: 64W Meridian: 6

Latitude: 40.516436 Longitude: -104.575912

FACILITY - API Number: 05-123- -00 Facility ID: 302564

Facility Name: ROUSE USX A-66N64W Number: 5SENW

Qtrqr: SENW Sec: 5 Twp: 6N Range: 64W Meridian: 6

Latitude: 40.516436 Longitude: -104.575912

CORRECTIVE ACTIONS:

1 CA# 170093

Corrective Action: *Post sign w/ Valid Emergency number at wellsite.
Comply with Rule 605.d.
Corrective Action date: 05/25/2023. (30-days).
See photo #1.
*Please attach photo(s) to FIRR to verify Corrective Actions have been resolved.

Date: 05/25/2023

Response: CA COMPLETED

Date of Completion: 05/21/2023

Complied with Rule 605.d.

Operator
Comment:

COGCC Decision: Approved via an AMI

COGCC Representative: Field Inspection Report doc. #707601275 (AMI), confirms sign w/ Valid Emergency # posted at wellsite. Corrective Action has been resolved.

OPERATOR COMMENT AND SUBMITTAL

Comment: Complied with Rule 605.d. Replaced location sign.

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

Print Name: Javier Pellacani

Signed: _____

Title: HSE

Date: 5/23/2023 7:27:44 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>
403409916	FIR RESOLUTION SUBMITTED
403409918	Photo

Total Attach: 2 Files