

State of Colorado  
Energy & Carbon Management Commission



1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109

Document Number:

403511542

Date Received:

08/28/2023

## FIR RESOLUTION FORM

**Overall Status:**

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](mailto:rbucogccinspectionreports@chevron.onmicrosoft.com)

### COGCC INSPECTION SUMMARY:

FIR Document Number: 707601697

Inspection Date: 08/18/2023

FIR Submit Date: 08/19/2023

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: 322939

Location Name: KOHLER-65N64W Number: 21SWNE County: WELD

Qtrqtr: SWNE Sec: 21 Twp: 5N Range: 64W Meridian: 6

Latitude: 40.386557 Longitude: -104.552560

### FACILITY - API Number: 05-123-

-00

Facility ID: 244497

Facility Name: KOHLER

Number: 7-21

Qtrqtr: SWNE Sec: 21 Twp: 5N Range: 64W Meridian: 6

Latitude: 40.386557 Longitude: -104.552560

### CORRECTIVE ACTIONS:

1 CA# 178956

Corrective Action: \*Post sign w/ Emergency number at wellsite.  
Comply with Rule 605.d.  
Corrective Action date: 09/20/2023. (30-days).  
See photo #1.  
\*Attach photo(s) to FIRR to verify Corrective Action(s) have been resolved.

Date: 09/20/2023

Response: CA COMPLETED

Date of Completion: 08/22/2023

Operator Comment: Complied with rule 605.d. Please attached pic

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Complied with rule 605.d. Please attached pic

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: 8/28/2023 8:10:39 AM \_\_\_\_\_

**ATTACHMENT LIST**

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

**Document Number**      **Description**

403511545	pic
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Total Attach: 1 Files