

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:

403562492

Date Received:

10/20/2023

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

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rbucogccinspectionreports@chevron.onmicrosoft.com

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COGCC INSPECTION SUMMARY:

FIR Document Number: 694100173

Inspection Date: 09/26/2023

FIR Submit Date: 10/05/2023

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: 329083

Location Name: REED-65N65W

Number: 34SENE

County: _____

Qtrqtr: SENE Sec: 34 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.357080 Longitude: -104.641780

FACILITY - API Number: 05-123-

-00

Facility ID: 329083

Facility Name: REED-65N65W

Number: 34SENE

Qtrqtr: SENE Sec: 34 Twp: 5N Range: 65W Meridian: 6

Latitude: 40.357080 Longitude: -104.641780

CORRECTIVE ACTIONS:

1 CA# 183210

Corrective Action: Comply with Rule 606

Date: 10/19/2023

Response: CA COMPLETED

Date of Completion: 10/16/2023

Operator
Comment: Complied with Rule 606

COGCC Decision: _____

COGCC
Representative:

2 CA# 183211

Corrective Action: Regrade pad in areas of washout/rutting. Pull back any sediment that has left the pad location. Stormwater management Erosion Control. Install or repair required BMPs per Rule 1002.f.(2)C

Date: 10/12/2023

Response: CA COMPLETED

Date of Completion: 10/11/2023

Operator
Comment: Complied with Rule 1002.f.(2)C

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Complied with applicable rules on location.

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: 10/20/2023 11:04:28 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>
403567417	Location Photo
403567419	Location Photo
403567421	Location Photo

Total Attach: 3 Files