

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:
403616815

Date Received:
12/06/2023

FIR RESOLUTION FORM

Overall Status: CAC

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

rbucogccinspectionreports@chevron.onmicrosoft.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699107890

Inspection Date: 11/28/2023

FIR Submit Date: 11/28/2023

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: 302208

Location Name: WOLFE-USX CC-64N63W Number: 7SWSW County: WELD

Qtrqr: SWS Sec: 7 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.320910 Longitude: -104.486920

FACILITY - API Number: 05-123-00 Facility ID: 287012

Facility Name: WOLFE-USX CC Number: 7-13

Qtrqr: SWS Sec: 7 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.320910 Longitude: -104.486920

CORRECTIVE ACTIONS:

1 CA# 188532

Corrective Action: Comply with Rule 606

Date: 12/08/2023

Response: CA COMPLETED

Date of Completion: 12/06/2023

Operator Comment: Complied with Rule 606. Please see attached pictures.

COGCC Decision: Approved via an AMI

COGCC
Representative:

2 CA# 188533

Corrective Action: Comply with the 1100 rules.

Date: 12/08/2023

Response: CA COMPLETED

Date of Completion: 12/06/2023

Operator
Comment:

Complied with Rule 606. Please see attached pictures.

COGCC Decision: Approved via an AMI

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Complied with Rule 606. Please see attached pictures.

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: 12/6/2023 2:52:18 PM

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>
403616815	FIR RESOLUTION SUBMITTED
403616817	Location Photo
403616818	Location Photo
403616819	Location Photo

Total Attach: 4 Files