

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:
403701075

Date Received:
02/27/2024

FIR RESOLUTION FORM

Overall Status:

CA Summary:

2 of 3 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: 1099 18TH STREET SUITE 1500

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: 696305857

Inspection Date: 01/26/2024

FIR Submit Date: 01/26/2024

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: 310627

Location Name: WELLS RANCH USX AE-66N62W Number: 21NWSW County: WELD

Qtrqtr: NWS Sec: 21 Twp: 6N Range: 62W Meridian: 6

Latitude: 40.470721 Longitude: -104.334701

FACILITY - API Number: 05-123-

-00

Facility ID: 296229

Facility Name: Wells Ranch USX AE Number: 21-12

Qtrqtr: NWS Sec: 21 Twp: 6N Range: 62W Meridian: 6

Latitude: 40.470721 Longitude: -104.334701

CORRECTIVE ACTIONS:

1 CA# 191393

Corrective Action: Comply with Rules 606 and 1003.f.

Date: 02/09/2024

Response: CA COMPLETED

Date of Completion: 02/12/2024

Operator Comment: Complied with Rules 606 and 1003.f.

COGCC Decision: _____

COGCC
Representative:

3 CA# 191395

Corrective Action: Comply with Rule 606 and 1003.f

Date: 02/09/2024

Response: CA COMPLETED

Date of Completion: 02/12/2024

Operator
Comment:

Complied with Rules 606 and 1003.f.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Complied with Rules 606 and 1003.f.
Factual Review submitted for other CA FIRR #403671694

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: 2/27/2024 3:24:40 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>
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403701077	Location Photo
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Total Attach: 1 Files