

State of Colorado Energy & Carbon Management Commission



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Document Number:
403733371

Date Received:
03/27/2024

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: 696306091
Inspection Date: 03/12/2024 FIR Submit Date: 03/12/2024 FIR Status:
Inspected Operator Information:
Company Name: NOBLE ENERGY INC Company Number: 100322
Address: 1099 18TH STREET SUITE 1500
City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 422133

Location Name: Igo Creek Number: 19-25H County: WELD
Qtrqtr: SESE Sec: 25 Twp: 9N Range: 59W Meridian: 6
Latitude: 40.715880 Longitude: -103.918240

FACILITY - API Number: 05-123-00 Facility ID: 422134

Facility Name: CASTOR LC Number: 25-72HN
Qtrqtr: SESE Sec: 25 Twp: 9N Range: 59W Meridian: 6
Latitude: 40.715880 Longitude: -103.918240

CORRECTIVE ACTIONS:

1 CA# 192966
Corrective Action: Install or repair wildlife protection equipment. Prevent any unauthorized discharge (specify condition if it is E&P waste, improper disposal, trash, etc.) Per Rule 902.b. Date: 03/26/2024
Response: CA COMPLETED Date of Completion: 03/26/2024
Operator Comment: complied with Rule 902.b.
COGCC Decision:

COGCC
Representative:

3 CA# 192968

Corrective Action: Securely fasten all valves, pipes, fittings, and Production Facilities to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 608.e.
For localized stained soils or oily waste - "Properly dispose of oily waste in accordance with 905.e."

Date: 03/29/2024

Response: CA COMPLETED

Date of Completion: 03/26/2024

Operator
Comment: Complied with Rule 608.e.

COGCC Decision: _____

COGCC
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment: Completed other 2 Corrective Actions

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

Print Name: Jeff White

Signed: _____

Title: HSE

Date: 3/27/2024 1:25:56 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>
403733420	photo
403733471	photo

Total Attach: 2 Files