

# State of Colorado Energy & Carbon Management Commission



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Document Number:  
403736831

Date Received:  
03/30/2024

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

### COGCC INSPECTION SUMMARY:

FIR Document Number: 699108428

Inspection Date: 03/19/2024

FIR Submit Date: 03/19/2024

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: 413215

Location Name: BARTON C Number: 15-29 County: \_\_\_\_\_

Qtrqtr: SWS Sec: 10 Twp: 4N Range: 64W Meridian: 6  
W

Latitude: 40.320466 Longitude: -104.541502

### FACILITY - API Number: 05-123-00 Facility ID: 413215

Facility Name: BARTON C Number: 15-29

Qtrqtr: SWS Sec: 10 Twp: 4N Range: 64W Meridian: 6  
W

Latitude: 40.320466 Longitude: -104.541502

### CORRECTIVE ACTIONS:

1 CA# 193317

Corrective Action: "Properly dispose of oily waste in accordance with 905.e."

Date: 04/05/2024

Response: CA COMPLETED

Date of Completion: 03/28/2024

Operator Comment: Complied with Rule 905.e.

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

COGCC  
Representative:

2 CA# 193318

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.

Date: 04/05/2024

Response: CA COMPLETED

Date of Completion: 03/28/2024

Operator  
Comment: Complied with Rule 608.e.

COGCC Decision:

COGCC  
Representative:

**OPERATOR COMMENT AND SUBMITTAL**

Comment: Completed both 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: 3/30/2024 10:08:41 AM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

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Total Attach: 1 Files