

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:
403736831

Date Received:
03/30/2024

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: 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: 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: Approved via an AMI

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: Approved via an AMI

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.

<u>Document Number</u>	<u>Description</u>
403736831	FIR RESOLUTION SUBMITTED
403736834	photo

Total Attach: 2 Files