

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

401725771

Date Received:

08/06/2018

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

1 of 1 CAs from the FIR responded to on this Form

1 CA Completed  
0 Factual Review Request

OPERATOR INFORMATION

OGCC Operator Number: 100322

Name of Operator: NOBLE ENERGY INC

Address: 1001 NOBLE ENERGY WAY

City: HOUSTON State: TX Zip: 77070

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name

Tesla Dougherty

Phone

970-304-5245

Email

tesla.dougherty@nblenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 675000854

Inspection Date: 07/13/2018

FIR Submit Date: 07/13/2018

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: NOBLE ENERGY INC

Company Number: 100322

Address: 1001 NOBLE ENERGY WAY

City: HOUSTON State: TX Zip: 77070

LOCATION - Location ID: 328862

Location Name: KISSLER-64N66W Number: 21SENW County: WELD

Qtrqr: SENW Sec: 21 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.298953 Longitude: -104.784392

FACILITY - API Number: 05-123-00 Facility ID: 248728

Facility Name: KISSLER Number: 22-21

Qtrqr: SENW Sec: 21 Twp: 4N Range: 66W Meridian: 6

Latitude: 40.298953 Longitude: -104.784392

CORRECTIVE ACTIONS:

1 CA# 117460

Corrective Action: Securely fasten all valves, pipes, and fittings to ensure good mechanical condition, inspect at regular intervals and maintain in good mechanical condition per Rule 605.d.

Date: 07/14/2018

Response: CA COMPLETED

Date of Completion: 08/03/2018

Operator Comment: Noble isolated the well, removed the tree, picked up on the tubing and replaced the tubing mandrel O-Ring. Noble re-greased and landed the tubing then re-secured well tree.

Attached are pictures of the new wellhead cap that was installed after replacing the O-Ring.

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

COGCC  
Representative:

OPERATOR COMMENT AND SUBMITTAL

Comment:

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

Print Name: Tesla Dougherty

Signed: \_\_\_\_\_

Title: EHS Specialist

Date: 8/6/2018 3:11:19 PM

**ATTACHMENT LIST**

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

**Document Number**      **Description**

401725775	Kissler 22-21 Photos
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Total Attach: 1 Files