

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:
401766479
Date Received:
09/18/2018

FIR RESOLUTION FORM

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

Phone

Email

Jacob Evans

9703045329

jacob.evans@nblenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 690100752

Inspection Date: 08/21/2018

FIR Submit Date: 08/21/2018

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: _____

Location Name: _____ Number: _____ County: _____

Qtrqr: SWN Sec: 18 Twp: 4N Range: 65W Meridian: 6
W

Latitude: _____ Longitude: _____

FACILITY - API Number: 05-123- -00 Facility ID: 456697

Facility Name: HSR Lynch 5-18 Number: _____

Qtrqr: SWN Sec: 18 Twp: 4N Range: 65W Meridian: 6
W

Latitude: _____ Longitude: _____

CORRECTIVE ACTIIONS:

1 CA# 118049

Corrective Action: Email information outlined below to COGCC Inspector and update supplemental form 19 to include the following:
1) Root cause of dump flowline failure resulting in the release
2) *measures taken to prevent the problem from reoccurring
3) description of flowline repairs completed
4) copy of flowline pressure testing chart/ data (post repair) prior to returning well/ dump lines to service.
(*also add information to the CA section of the supplemental form 19).

Date: 09/21/2018

Response:

CA COMPLETED

Date of Completion: 09/18/2018

Operator Comment: Corrective actions completed on Supplemental Form 19, COGCC Document Number 401766320.

COGCC Decision: Approved

COGCC Representative: Action Required Completed

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: Jacob Evans

Signed:

Title: Environmental Coordinator

Date: 9/18/2018 11:21:34 AM

ATTACHMENT LIST

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

Document Number **Description**

401766479	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files