

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:
402139380

Date Received:
08/09/2019

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: 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

Tesla Dougherty

970-304-5245

tesla.dougherty@nblenergy.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 696101053

Inspection Date: 06/21/2019

FIR Submit Date: 06/26/2019

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: 306382

Location Name: FOSS - USX AA-66N63W Number: 5SWSW County: _____

Qtrqr: SWS Sec: 5 Twp: 6N Range: 63W Meridian: 6
W

Latitude: 40.511780 Longitude: -104.465580

FACILITY - API Number: 05-123-00 Facility ID: 306382

Facility Name: FOSS - USX AA-66N63W Number: 5SWSW

Qtrqr: SWS Sec: 5 Twp: 6N Range: 63W Meridian: 6
W

Latitude: 40.511780 Longitude: -104.465580

CORRECTIVE ACTIONS:

1 CA# 126456

Corrective Action: Weeds remain at wellsite from prior & this insp.
Remove, manage, & control weeds around wellsite. Comply with Rule 603.f.
See photos #1, 2.

Date: 06/04/2018

Response: CA COMPLETED

Date of Completion: 07/11/2019

Operator Comment: Weeds have been removed

COGCC Decision: _____

COGCC
Representative: _____

2 CA# 126457

Corrective Action: Post valid emergency number at wellsite. Comply w/ Rule 210.b.
See photo #2

Date: 07/26/2019

Response: CA COMPLETED

Date of Completion: 07/11/2019

Operator
Comment: Signage has been updated

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: 8/9/2019 10:36:21 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>
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Total Attach: 0 Files