

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:

402302256

Date Received:

02/04/2020

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

KIMBERLY MOLLENHAUER

Phone

9703045307

Email

KIMBERLY.MOLLENHAUER@NBLENERGY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 699301008

Inspection Date: 01/29/2020

FIR Submit Date: 01/29/2020

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: 305122

Location Name: GREER-62N64W Number: 28SWSW County: WELD

Qtrqr: SWS Sec: 28 Twp: 2N Range: 64W Meridian: 6
W

Latitude: 40.104080 Longitude: -104.563810

FACILITY - API Number: 05-123- -00 Facility ID: 274394

Facility Name: GREER Number: 14-28

Qtrqr: SWS Sec: 28 Twp: 2N Range: 64W Meridian: 6
W

Latitude: 40.104080 Longitude: -104.563810

CORRECTIVE ACTIONS:

1 CA# 136200

Corrective Action: Comply with Rule 603.f

Date: 02/13/2020

Response: CA COMPLETED

Date of Completion: 02/04/2020

Operator Comment: NOBLE REMOVED THE PRODUCTION LINES AROUND THE WELLHEAD.

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: KIMBERLY MOLLENHAUER

Signed:

Title: EHS TECH

Date: 2/4/2020 8:24:01 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: 0 Files