

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:  
402322241

Date Received:  
02/25/2020

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
<u>KIMBERLY MOLLENHAUER</u>	<u>9703045307</u>	<u>KIMBERLY.MOLLENHAUER@NBLENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699100942

Inspection Date: 01/23/2020

FIR Submit Date: 01/23/2020

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: 328610

Location Name: SPIKE STATE-64N63W Number: 6SESW County: WELD

Qtrqr: SESW Sec: 6 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.335507 Longitude: -104.482517

FACILITY - API Number: 05-123-00 Facility ID: 248405

Facility Name: SPIKE STATE Number: CC 6-14

Qtrqr: SESW Sec: 6 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.335507 Longitude: -104.482517

CORRECTIVE ACTIONS:

1 CA# 136090

Corrective Action: Comply with Rule 603.f .

Date: 02/03/2020

Response: CA COMPLETED

Date of Completion: 02/20/2020

Operator Comment: NOBLE REMOVED THE WEEDS.

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

COGCC Representative: \_\_\_\_\_

**2** CA# 136091

Corrective Action: Install sign to comply with Rule 210.b.

Date: 02/03/2020

Response: CA COMPLETED

Date of Completion: 02/20/2020

Operator Comment:

NOBLE POSTED AN EMERGENCY NUMBER ON LOCATION.

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: 2/25/2020 6:21:35 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>

Total Attach: 0 Files