

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:

402322242

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

KIMBERLY MOLLENHAUER

Phone

9703045307

Email

KIMBERLY.MOLLENHAUER@NBLENERGY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 699100944

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: 317717

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

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

Latitude: 40.339163 Longitude: -104.483487

FACILITY - API Number: 05-123-00 Facility ID: 239851

Facility Name: SPIKE STATE Number: CC 6-11J

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

Latitude: 40.339163 Longitude: -104.483487

CORRECTIVE ACTIONS:

1 CA# 136092

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# 136093

Corrective Action: Fenced to prevent access by Animals when the producing well or equipment is easily Accessible and poses a physical or health hazard. Per Rule 605.c.3.

Date: 02/03/2020

Response: CA COMPLETED

Date of Completion: 02/20/2020

Operator  
Comment:

NOBLE REPAIRED THE PANEL FENCING 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: 2/25/2020 6:23:14 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