

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:

402331219

Date Received:

03/04/2020

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

-

NBL_DJBU_Inspections@NBLENERGY.COM

Kraich, Adam

adam.kraich@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301320

Inspection Date: 02/15/2020

FIR Submit Date: 02/16/2020

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: 431062

Location Name: Castor Federal Number: LC23-62HN County: WELD
Multi

Qtrqtr: SWS Sec: 23 Twp: 9N Range: 59W Meridian: 6
W

Latitude: 40.730139 Longitude: -103.952931

FACILITY - API Number: 05-123- -00 Facility ID: 431061

Facility Name: Castor Federal Number: LC23-62HN

Qtrqtr: SWS Sec: 23 Twp: 9N Range: 59W Meridian: 6
W

Latitude: 40.730139 Longitude: -103.952931

CORRECTIVE ACTIONS:

1 CA# 136581

Corrective Action: Comply with Rule 603.f.

Date: 03/16/2020

Response: CA COMPLETED

Date of Completion: 02/20/2020

Operator
Comment:

NOBLE REMOVED THE UNUSED WELLHEAD PARTS, SEPARATORS, AND CHEMICAL TANKS FROM THE LOCATION.

COGCC Decision: _____

COGCC
Representative:

2 CA# 136582

Corrective Action: Comply with Rule 210.d.

Date: 03/16/2020

Response: CA COMPLETED

Date of Completion: 02/20/2020

Operator
Comment:

NOBLE INSTALLED THE MISSING NFPA AND CAPACITY LABELS.

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: 3/4/2020 5:38:30 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