

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:

402331771

Date Received:

03/04/2020

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 Phone

• Pesicka, Conor dnr_cogccengineering@state.co.us

• Pesicka, Conor NBL_DJBU_Inspections@nblenergy.com

Pesicka, Conor conor.pesicka@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 696102421

Inspection Date: 03/02/2020

FIR Submit Date: 03/02/2020

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: 309786

Location Name: WELLS RANCH AA-66N63W Number: 26SENE County: _____

Qtrqr: SENE Sec: 26 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.458877 Longitude: -104.397110

FACILITY - API Number: 05-123- -00 Facility ID: 309786

Facility Name: WELLS RANCH AA-66N63W Number: 26SENE

Qtrqr: SENE Sec: 26 Twp: 6N Range: 63W Meridian: 6

Latitude: 40.458877 Longitude: -104.397110

CORRECTIVE ACTIONS:

1 ☒ CA# 136813

Corrective Action: Post valid Emergency number at wellsite.
Comply w/ Rule 210.b.
See photo #1.

Date: 04/01/2020

Response: CA COMPLETED

Date of Completion: 03/04/2020

NOBLE POSTED THE CORRECT EMERGENCY NUMBER AT THE WELLHEAD.

Operator _____
Comment: _____

COGCC Decision: Approved

COGCC Representative: Field Inspection Report doc #696102447 dated 03/03/2020 confirms that valid Emergency number NOW posted at wellsite. Corrective Action appears addressed.

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 10:45:23 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>
402331771	FIR RESOLUTION SUBMITTED

Total Attach: 1 Files