

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:  
402331781

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

Email

• dnr\_cogccengineering@state.co.us

• NBL\_DJBU\_Inspections@nblenergy.com

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

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 696102431

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: 309787**

Location Name: WELLS RANCH AA-66N63W Number: 26NWNW County: \_\_\_\_\_

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

W

Latitude: 40.463401 Longitude: -104.411346

**FACILITY - API Number: 05-123- -00 Facility ID: 309787**

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

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

W

Latitude: 40.463401 Longitude: -104.411346

**CORRECTIVE ACTIONS:**

1 ☒ CA# 136844

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

Operator Comment: NOBLE POSTED THE CORRECT EMERGENCY NUMBER AT THE WELLHEAD.

COGCC Decision: Approved

COGCC Representative: Field Inspection Report doc #696102456 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 10:46:28 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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402331781	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files