

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402358189

Date Received:
03/31/2020

FIR RESOLUTION FORM

Overall Status: CAC

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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>NBL_DJBU_Inspections@NBLENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301598

Inspection Date: 03/20/2020

FIR Submit Date: 03/20/2020

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: 423037

Location Name: COPPERHEAD Number: LD14-04 County: WELD

Qtrqr: NWN Sec: 14 Twp: 9N Range: 58W Meridian: 6
W

Latitude: 40.757340 Longitude: -103.839000

FACILITY - API Number: 05-123- -00 Facility ID: 423026

Facility Name: CASTOR FEDERAL LD Number: 14-68HN

Qtrqr: NWN Sec: 14 Twp: 9N Range: 58W Meridian: 6
W

Latitude: 40.757340 Longitude: -103.839000

CORRECTIVE ACTIONS:

1 CA# 137363

Corrective Action: Comply with Rule 210.d.

Date: 04/20/2020

Response: CA COMPLETED

Date of Completion: 03/23/2020

Operator Comment: NOBLE INSTALLED THE SIGNS.

COGCC Decision: _____

COGCC
Representative:

2 CA# 137364

Corrective Action: For localized stained soils or oily waste - "Properly dispose of oily waste in accordance with 907.e."

Date: 04/20/2020

Response: CA COMPLETED

Date of Completion: 03/30/2020

Operator Comment: NOBLE DISPOSED OF THE OILY WASTE NEAR THE ENGINE EXHAUST.

COGCC Decision: _____

COGCC
Representative:

3 CA# 137365

Corrective Action: Comply with Rule 603.f.

Date: 04/20/2020

Response: CA COMPLETED

Date of Completion: 03/23/2020

Operator Comment: NOBLE REMOVED THE UNUSED EQUIPMENT 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: 3/31/2020 2:02:36 PM

ATTACHMENT LIST

View Attachments in Imaged Documents on COGCC website (<http://ogccweblink.state.co.us/>) - Search by Document Number.

Document Number **Description**

<u>Document Number</u>	<u>Description</u>

Total Attach: 0 Files