

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:  
402333908

Date Received:  
03/05/2020

**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
<u>Pesicka, Conor</u>		<u>conor.pesicka@state.co.us</u>
.		<u>dnr_cogccengineering@state.co.us</u>
.		<u>NBL_DJBU_Inspections@nblenergy.com</u>

**COGCC INSPECTION SUMMARY:**

FIR Document Number: 696101668

Inspection Date: 12/09/2019

FIR Submit Date: 12/09/2019

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: 302562

Location Name: ROUSE USX A-66N64W Number: 5SWNW County: \_\_\_\_\_

Qtrqr: SWN Sec: 5 Twp: 6N Range: 64W Meridian: 6

Latitude: 40.516405 Longitude: -104.581845

FACILITY - API Number: 05-123-00 Facility ID: 302562

Facility Name: ROUSE USX A-66N64W Number: 5SWNW

Qtrqr: SWN Sec: 5 Twp: 6N Range: 64W Meridian: 6

Latitude: 40.516405 Longitude: -104.581845

CORRECTIVE ACTIIONS:

**1**  CA# 135195

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

Date: 01/08/2020

Response: CA COMPLETED

Date of Completion: 01/01/2020

Operator Comment: NOBLE POSTED THE EMERGENCY NUMBER AT THE WELLSITE.

COGCC Decision: Approved

COGCC Representative: Field Inspection Report doc #696102146 dated 02/06/2020 confirms that valid emergency contact 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: 3/5/2020 1:28:06 PM

**ATTACHMENT LIST**

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

**Document Number      Description**

402333908	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files