

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:

402358214

Date Received:

03/31/2020

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

COGCC INSPECTION SUMMARY:

FIR Document Number: 696301602

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: 423364

Location Name: Castor Federal LD Number: 15-75HN County: _____
Pad

Qtrqtr: NWNE Sec: 15 Twp: 9N Range: 58W Meridian: 6

Latitude: 40.757130 Longitude: -103.849030

FACILITY - API Number: 05-123- -00 Facility ID: 423364

Facility Name: Castor Federal LD Number: 15-75HN
Pad

Qtrqtr: NWNE Sec: 15 Twp: 9N Range: 58W Meridian: 6

Latitude: 40.757130 Longitude: -103.849030

CORRECTIVE ACTIONS:

1 ☒ CA# 137366

Corrective Action: Comply with Rule 210.d.

Date: 04/20/2020

Response: CA COMPLETED

Date of Completion: 03/30/2020

Operator
Comment: NOBLE INSTALLED THE SIGNS.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending Re-Inspection

2 ☒ CA# 137367

Corrective Action: Comply with Rule 603.f.

Date: 04/20/2020

Response: CA COMPLETED

Date of Completion: 03/30/2020

Operator Comment: NOBLE REMOVED THE UNUSED EQUIPMENT ON LOCATION.

COGCC Decision: Approved pending re-inspection

COGCC Representative: Approved pending Re-Inspection

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 2:05:36 PM

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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402358214	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files