

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:
402699111

Date Received:
05/24/2021

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
.		<u>NBL_DJBU_Inspections@NBLENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103508

Inspection Date: 04/30/2021

FIR Submit Date: 04/30/2021

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: 322867

Location Name: JOHNSON, VERN-64N64W Number: 9SESW County: _____

Qtrqr: SESW Sec: 9 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.321340 Longitude: -104.557770

FACILITY - API Number: 05-123-00 Facility ID: 322867

Facility Name: JOHNSON, VERN-64N64W Number: 9SESW

Qtrqr: SESW Sec: 9 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.321340 Longitude: -104.557770

CORRECTIVE ACTIONS:

1 CA# 150399

Corrective Action: Calibrate gas metering equipment annually to comply with rule 430.d.(1).

Date: 06/04/2021

Response: CA COMPLETED

Date of Completion: 05/05/2021

Operator Comment: Because this well is classified as "long-term shut in" it was confirmed by our Regulatory manager, Mo Montoya, that annual calibration is not required on a well with no future plans of being brought online

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 150400

Corrective Action:

Date: 06/04/2021

Response: CA COMPLETED

Date of Completion: 05/05/2021

Operator
Comment:

COGCC Decision: **Not Approved**

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: Alan Figurski

Signed: _____

Title: WSS

Date: 5/24/2021 4:11:38 PM

ATTACHMENT LIST

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

Document Number **Description**

402699111	FIR RESOLUTION SUBMITTED
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Total Attach: 1 Files