

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:

402708707

Date Received:

06/04/2021

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

-

NBL_DJBU_Inspections@NBLENERGY.COM

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103526

Inspection Date: 05/03/2021

FIR Submit Date: 05/03/2021

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: 322712

Location Name: MINOR-64N64W Number: 1SWSW County: _____

Qtrqr: SWS Sec: 1 Twp: 4N Range: 64W Meridian: 6
W

Latitude: 40.335810 Longitude: -104.505880

FACILITY - API Number: 05-123- -00 Facility ID: 322712

Facility Name: MINOR-64N64W Number: 1SWSW

Qtrqr: SWS Sec: 1 Twp: 4N Range: 64W Meridian: 6
W

Latitude: 40.335810 Longitude: -104.505880

CORRECTIVE ACTIONS:

1 CA# 150434

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

Date: 06/08/2021

Response: CA COMPLETED

Date of Completion: 06/04/2021

Operator Comment: Gas meter has been calibrated.

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: Alan Figurski

Signed: _____

Title: WSS _____

Date: 6/4/2021 11:49:15 AM _____

ATTACHMENT LIST

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

Document Number **Description**

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Total Attach: 0 Files