

State of Colorado
Oil and Gas Conservation Commission

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Document Number:
402900677

Date Received:
12/15/2021

FIR RESOLUTION FORM

Overall Status:

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
Dougherty, Tesla		Tesla.Dougherty@chevron.com
.		NBL_DJBU_Inspections@chevron.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 699104698

Inspection Date: 11/03/2021

FIR Submit Date: 11/04/2021

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: 327842

Location Name: HOWELL-64N64W Number: 32SWNW County: _____

Qtrqr: SWN Sec: 32 Twp: 4N Range: 64W Meridian: 6
W

Latitude: 40.270910 Longitude: -104.581434

FACILITY - API Number: 05-123- -00 Facility ID: 327842

Facility Name: HOWELL-64N64W Number: 32SWNW

Qtrqr: SWN Sec: 32 Twp: 4N Range: 64W Meridian: 6
W

Latitude: 40.270910 Longitude: -104.581434

CORRECTIVE ACTIONS:

1 CA# 157444

Corrective Action: Install sign to comply with Rule 605.g.

Date: 12/17/2021

Response: CA COMPLETED

Date of Completion: 12/14/2021

Operator Comment: signage installed

COGCC Decision: _____

COGCC Representative: _____

2 CA# 157445

Corrective Action: Comply with Rule 606

Date: 12/17/2021

Response: CA COMPLETED

Date of Completion: 12/14/2021

Operator Comment: house keeping corrected

COGCC Decision: _____

COGCC Representative: _____

3 CA# 157446

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

Date: 12/17/2021

Response: CA COMPLETED

Date of Completion: 12/14/2021

Operator Comment: equipment 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: Wes Larimore

Signed: _____

Title: HSE

Date: 12/15/2021 4:55:45 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