

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:  
403006396

Date Received:  
04/06/2022

FIR RESOLUTION FORM

Overall Status:

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: 2001 16TH STREET SUITE 900

City: DENVER State: CO Zip: 80202

Contact Name and Telephone:

Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Additional Operator Contact:

Contact Name	Phone	Email
-		<a href="mailto:rbucogccinspectionreports@chevron.onmicrosoft.com">rbucogccinspectionreports@chevron.onmicrosoft.com</a>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699105174

Inspection Date: 04/04/2022

FIR Submit Date: 04/05/2022

FIR Status: \_\_\_\_\_

Inspected Operator Information:

Company Name: NOBLE ENERGY INC

Company Number: 100322

Address: 2001 16TH STREET SUITE 900

City: DENVER State: CO Zip: 80202

LOCATION - Location ID: 331481

Location Name: LF RANCH-64N63W Number: 17NWNE County: \_\_\_\_\_

Qtrqr: NWNE Sec: 17 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.317540 Longitude: -104.459240

FACILITY - API Number: 05-123- -00 Facility ID: 331481

Facility Name: LF RANCH-64N63W Number: 17NWNE

Qtrqr: NWNE Sec: 17 Twp: 4N Range: 63W Meridian: 6

Latitude: 40.317540 Longitude: -104.459240

CORRECTIVE ACTIONS:

1 CA# 160651

Corrective Action: Upon removing a flowline or crude oil transfer line from use with the intent to abandon, an operator must immediately apply OOSLAT to the risers. OOSLAT must stay in place at all times during the process of abandoning the flowline or crude oil transfer line until the operator removes the riser. Comply with Rule 1105.b

Date: 04/14/2022

Response: CA COMPLETED

Date of Completion: 04/06/2022

Operator Comment: tags installed

COGCC Decision: \_\_\_\_\_

COGCC  
Representative:

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**OPERATOR COMMENT AND SUBMITTAL**

Comment:

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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: 4/6/2022 1:41:52 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