

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:
403088872

Date Received:
06/24/2022

FIR RESOLUTION FORM

Overall Status:

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: 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

dnr_cogccengineering@state.co.us

rbucogccinspectionreports@chevron.onmicrosoft.com

Morgan, John john.morgan@state.co.us

COGCC INSPECTION SUMMARY:

FIR Document Number: 696304260

Inspection Date: 06/16/2022

FIR Submit Date: 06/16/2022

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: 327147

Location Name: LILLI UNIT-68N58W Number: 4NWSW County: WELD

Qtrqr: NWS Sec: 4 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.689480 Longitude: -103.874480

FACILITY - API Number: 05-123-00 Facility ID: 246429

Facility Name: LILLI UNIT Number: 12-4

Qtrqr: NWS Sec: 4 Twp: 8N Range: 58W Meridian: 6

Latitude: 40.689480 Longitude: -103.874480

CORRECTIVE ACTIONS:

1 CA# 162746

Corrective Action: Comply with Rule 1004.a

Date: 07/01/2022

Response: CA COMPLETED

Date of Completion: 06/23/2022

06/23/22, I Spoke with Erica at the COGCC, with the gas line being a third party live gas line and with the request from the National Forest Service for us to not proceed at this time due to wildlife issues and concerns in the area,

Operator Comment: she agreed to give us until Oct to completed the CA's. Per her guidance I will close them out in FIRR with these notes.

COGCC Decision: _____

COGCC Representative: _____

2 CA# 162846

Corrective Action: Submit Form 6S per Rule 435.b.(1)

Date: 06/30/2022

Response: CA COMPLETED

Date of Completion: 06/23/2022

Operator Comment: form was submitted.

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: 6/24/2022 9:30:54 AM

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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Total Attach: 0 Files