

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:
403129502

Date Received:
08/08/2022

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
.		rbucogccinspectionreports@chevron.onmicrosoft.com

COGCC INSPECTION SUMMARY:

FIR Document Number: 679604889

Inspection Date: 07/27/2022

FIR Submit Date: 08/01/2022

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: 330660

Location Name: BASS N-65N67W Number: 14NWSE County: _____

Qtrqr: NWSE Sec: 14 Twp: 5N Range: 67W Meridian: 6

Latitude: 40.395878 Longitude: -104.858740

FACILITY - API Number: 05-123-00 Facility ID: 330660

Facility Name: BASS N-65N67W Number: 14NWSE

Qtrqr: NWSE Sec: 14 Twp: 5N Range: 67W Meridian: 6

Latitude: 40.395878 Longitude: -104.858740

CORRECTIVE ACTIONS:

1 CA# 163657

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

Date: 06/05/2022

Response: CA COMPLETED

Date of Completion: 08/05/2022

Operator Comment: the meter is disconnected and powered off. We will add that info to the calibration form for reference.

COGCC Decision: _____

COGCC
Representative:

2 CA# 163658

Corrective Action: Comply with Rule 606.

Date: 06/05/2022

Response: CA COMPLETED

Date of Completion: 08/05/2022

Operator
Comment: completed

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: 8/8/2022 3:47:56 PM

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>

Total Attach: 0 Files