

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:  
402286927

Date Received:  
01/15/2020

FIR RESOLUTION FORM

Overall Status: CAC

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: 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
<u>KIMBERLY MOLLENHAUER</u>	<u>9703045307</u>	<u>KIMBERLY.MOLLENHAUER@NBLENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 679601927

Inspection Date: 11/18/2019 FIR Submit Date: 11/18/2019 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: 305921

Location Name: KREYKES-66N67W Number: 13NENE County: WELD

Qtrqtr: NENE Sec: 13 Twp: 6N Range: 67W Meridian: 6

Latitude: 40.492580 Longitude: -104.834980

FACILITY - API Number: 05-123-00 Facility ID: 283714

Facility Name: KREYKES Number: 13-11

Qtrqtr: NENE Sec: 13 Twp: 6N Range: 67W Meridian: 6

Latitude: 40.492580 Longitude: -104.834980

CORRECTIVE ACTIONS:

1  CA# 134684

Corrective Action: Comply with Rule 603.f.

Date: 11/25/2019

Response: CA COMPLETED

Date of Completion: 01/06/2020

Operator Comment: NOBLE REMOVED WEEDS AND DEBRIS FROM LOCATION.

COGCC Decision: Approved pending re-inspection

COGCC  
Representative:

2  CA# 134685

Corrective Action: Comply with Rule 603.f.

Date: 04/05/2019

Response: CA COMPLETED

Date of Completion: 01/06/2020

Operator  
Comment: NOBLE REMOVED THE UNUSED EQUIPMENT FROM INSIDE THE FENCING.

COGCC Decision: Approved pending re-inspection

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: KIMBERLY MOLLENHAUER

Signed: \_\_\_\_\_

Title: EHS TECHNICIAN

Date: 1/15/2020 3:07:21 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>
402286927	FIR RESOLUTION FORM
402449607	FIR RESOLUTION SUBMITTED

Total Attach: 2 Files