

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:
402287276

Date Received:
01/16/2020

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: 679601923

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: 306481

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

Qtrqr: SENE Sec: 13 Twp: 6N Range: 67W Meridian: 6

Latitude: 40.489400 Longitude: -104.834080

FACILITY - API Number: 05-123-00 Facility ID: 289217

Facility Name: KREYKES Number: 13-14

Qtrqr: SENE Sec: 13 Twp: 6N Range: 67W Meridian: 6

Latitude: 40.489400 Longitude: -104.834080

CORRECTIVE ACTIONS:

1 CA# 134680

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 INSIDE THE WELLHEAD FENCING.

COGCC Decision: Approved pending re-inspection

COGCC
Representative:

2 CA# 134681

Corrective Action: Comply with Rule 603.f.

Date: 11/25/2019

Response: CA COMPLETED

Date of Completion: 01/06/2020

Operator
Comment: NOLBE REMOVED THE WEEDS INSIDE THE WELLHEAD 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: 1/16/2020 7:31:31 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>
402287276	FIR RESOLUTION FORM
402449618	FIR RESOLUTION SUBMITTED

Total Attach: 2 Files