

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:
403112950

Date Received:
07/21/2022

FIR RESOLUTION FORM

Overall Status:

CA Summary:

3 of 3 CAs from the FIR responded to on this Form

3 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: 699105686

Inspection Date: 07/11/2022

FIR Submit Date: 07/12/2022

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: 459542

Location Name: C33-15 Number: Multi County: WELD

Qtrqr: SWSE Sec: 33 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.263030 Longitude: -104.552790

FACILITY - API Number: 05-123-00 Facility ID: 459552

Facility Name: Guttersen Number: D09-745

Qtrqr: SWSE Sec: 33 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.263030 Longitude: -104.552790

CORRECTIVE ACTIONS:

1 CA# 163257

Corrective Action: "Properly dispose of oily waste in accordance with 905.e."

Date: 07/22/2022

Response: CA COMPLETED

Date of Completion: 07/15/2022

Operator Comment: soil cleaned up

COGCC Decision: _____

COGCC
Representative:

2 CA# 163258

Corrective Action: Comply with Rule 606

Date: 07/22/2022

Response: CA COMPLETED

Date of Completion: 07/14/2022

Operator
Comment: unused equip removed

COGCC Decision:

COGCC
Representative:

3 CA# 163259

Corrective Action: Comply with Rule 606

Date: 07/22/2022

Response: CA COMPLETED

Date of Completion: 07/15/2022

Operator
Comment: unused equip removed

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: 7/21/2022 4:31:42 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