

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
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Document Number:
402699048

Date Received:
05/24/2021

FIR RESOLUTION FORM

Overall Status: CAC

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: 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>NBL_DJBU_Inspections@NBLENERGY.COM</u>

COGCC INSPECTION SUMMARY:

FIR Document Number: 699103454

Inspection Date: 04/27/2021

FIR Submit Date: 04/27/2021

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: 332100

Location Name: ARD C Number: 06-29D County: _____

Qtrqr: NENW Sec: 6 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.346630 Longitude: -104.595010

FACILITY - API Number: 05-123-00 Facility ID: 332100

Facility Name: ARD C Number: 06-29D

Qtrqr: NENW Sec: 6 Twp: 4N Range: 64W Meridian: 6

Latitude: 40.346630 Longitude: -104.595010

CORRECTIVE ACTIONS:

1 CA# 150193

Corrective Action: Install sign to comply with Rule 605.g.

Date: 06/04/2021

Response: CA COMPLETED

Date of Completion: 04/28/2021

Operator Comment: New sign has been installed

COGCC Decision: _____

COGCC
Representative:

2 CA# 150194

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

Date: 06/04/2021

Response: CA COMPLETED

Date of Completion: 04/28/2021

Operator
Comment:

Meter has been calibrated

COGCC Decision:

COGCC
Representative:

3 CA# 150195

Corrective Action: Comply with Rule 606

Date: 06/04/2021

Response: CA COMPLETED

Date of Completion: 04/28/2021

Operator
Comment:

Unused equipment has been 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: Alan Figurski

Signed: _____

Title: WSS

Date: 5/24/2021 3:48:18 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